#### Case 17-80850 Doc 1 Filed 04/11/17 Entered 04/11/17 13:29:50 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |  |                                 |                      |
|-----|---|--|---------------------------------|----------------------|
|     |   | About Debtor 1:                                    | About Debtor 2 (Spouse On       | ly in a Joint Case): |
| 1.  | Your full name  |  |                                 |                      |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Cari First name  A. Middle name                    | First name  Middle name         |                      |
|     | Bring your picture identification to your meeting with the trustee.   | Bangiorno Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., | II, III)             |
| 2.  | All other names you have used in the last 8 years   |  |                                 |                      |
|     | Include your married or maiden names.   |  |                                 |                      |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-2352  |                                 |                      |

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Debtor 1 Cari A. Bangiorno

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  | 7620 Howe Road  | If Debtor 2 lives at a different address:  |
|    |   | Wonder Lake, IL 60097  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |   | McHenry   |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

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Debtor 1 Cari A. Bangiorno

| ar       | t 2: Tell the Court About  | Your E                   | Bankruptcy Ca                    | ise   |  |  |   |  |  |
|----------|--|--------------------------|----------------------------------|---|--|--|---|--|--|
| 7.       | The chapter of the Bankruptcy Code you are   |                          |                                  |   | each, see <i>Notice Required by</i> age 1 and check the appropriate  | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.  |   |  |  |
|          | choosing to file under   | ■ Chapter 7 □ Chapter 11 |                                  |   |  |  |   |  |  |
|          |  |                          |                                  |   |  |  |   |  |  |
|          |  |                          | hapter 12                        |   |  |  |   |  |  |
|          |  |                          | hapter 13                        |   |  |  |   |  |  |
|          |  |                          |                                  |   |  |  |   |  |  |
| 3.       | How you will pay the fee   |                          | about how yo                     | u may pay. Typica<br>attorney is submit         | ally, if you are paying the fee yo                                   | k with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with  |   |  |  |
|          |  |                          |                                  |   | Iments. If you choose this optic Official Form 103A).                | on, sign and attach the Application for Individuals to Pay   |   |  |  |
|          |  |                          | but is not req<br>applies to you | uired to, waive your family size and            | ur fee, and may do so only if yo<br>you are unable to pay the fee ir | n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that a installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.   |   |  |  |
| <b>.</b> | Have you filed for   |                          |                                  |   |  |  |   |  |  |
| •        | bankruptcy within the  | ■ N                      |                                  |   |  |  |   |  |  |
|          | last 8 years?  | □ Ye                     |                                  |   | M/L  | Occasional de la constantina della constantina d |   |  |  |
|          |  |                          | District                         |   | When<br>When   | Case number  | _ |  |  |
|          |  |                          | District<br>District             |   | when<br>When   | Case number Case number  | - |  |  |
|          |  |                          | District                         | -   | wilch  | Case Hullibel  | _ |  |  |
| 10.      | Are any bankruptcy   | ■ N                      | 0                                |   |  |  | _ |  |  |
|          | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye                     | es.                              |   |  |  |   |  |  |
|          | anniate:   |                          | Debtor                           |   |  | Relationship to you  |   |  |  |
|          |  |                          | District                         |   | When   | Case number, if known  | _ |  |  |
|          |  |                          | Debtor                           |   |  | Relationship to you  |   |  |  |
|          |  |                          | District                         |   | When   | Case number, if known  |   |  |  |
|          |  |                          |                                  |   |  |  |   |  |  |
| 11.      | Do you rent your residence?  | □ N                      | o. Go to I                       | ine 12.   |  |  |   |  |  |
|          | residence:   | ■ Ye                     | es. Has yo                       | ur landlord obtain                              | ed an eviction judgment agains                                       | t you and do you want to stay in your residence?   |   |  |  |
|          |  |                          |                                  | No. Go to line 12                               |  |  |   |  |  |
|          |  |                          |                                  | Yes. Fill out <i>Initia</i> bankruptcy petition |  | Judgment Against You (Form 101A) and file it with this   |   |  |  |

|          |                   | Document | Page 4 of 52   |          |
|----------|-------------------|----------|----------------|----------|
| Debtor 1 | Cari A. Bangiorno |          | Case number (i | f known) |

| Part   | Report About Any Bu   | sinesses   | You Owr | n as a Sole Propriet   | tor   |  |  |
|--|---|--|---------|--|---|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.  | Go to   | Part 4.  |   |  |  |
|  |   | ☐ Yes.   | Name    | e and location of bus  | iness   |  |  |
|  | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |  | Name    | Name of business, if any   |   |  |  |
|  | If you have more than one sole proprietorship, use a separate sheet and attach  |  | Numb    | per, Street, City, Stat  | te & ZIP Code   |  |  |
|  | it to this petition.  |  | Chec    | k the appropriate bo   | x to describe your business:  |  |  |
|  |   |  |         | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  |   |  |  |
|  |   |  |         | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |   |  |  |
|  |   |  |         | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))   |   |  |  |
|  |   |  |         | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |   |  |  |
|  |   |  |         | None of the above  |   |  |  |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  If you are filing under Chapter 11, the court must know whether you are a small business debtor so deadlines. If you indicate that you are a small business debtor, you must attach your most recent be operations, cash-flow statement, and federal income tax return or if any of these documents do not in 11 U.S.C. 1116(1)(B). |   | a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |         |  |   |  |  |
|  | For a definition of small   | No.  | Iamı    | not filing under Chap  | oter 11.  |  |  |
|  | business debtor, see 11 U.S.C. § 101(51D).  | □ No.  |         | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |   |  |  |
|  |   | ☐ Yes.   | I am i  | filing under Chapter   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| Pari   | 4: Report if You Own or   | Have Anv   | Hazardo | ous Property or An   | y Property That Needs Immediate Attention   |  |  |
|  | Do you own or have any  |  |         |  | · ·   |  |  |
|  | property that poses or is alleged to pose a threat of imminent and  | ■ No. □ Yes.   | What is | the hazard?  |   |  |  |
|  | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  |  |         | diate attention is<br>why is it needed?  |   |  |  |
|  | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |  | Where i | s the property?  | Number, Street, City, State & Zip Code  |  |  |
|  |   |  |         |  | Number, Street, City, State & Zip Code  |  |  |

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Debtor 1 Cari A. Bangiorno

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 52 Case number (if known) Debtor 1 Cari A. Bangiorno Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Cari A. Bangiorno Signature of Debtor 2 Cari A. Bangiorno Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on April 11, 2017

MM / DD / YYYY

Debtor 1 Cari A. Bangiorno

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Michael T. Barrett, Sr.            | Date          | April 11, 2017     |  |
|--|---------------|--------------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY     |  |
| Michael T. Barrett, Sr.                |               |                    |  |
| Printed name                           |               |                    |  |
| James D. Huls & Associates Firm name   |               |                    |  |
| 530 Rockland Road                      |               |                    |  |
| Crystal Lake, IL 60014                 |               |                    |  |
| Number, Street, City, State & ZIP Code |               |                    |  |
| Contact phone <b>815-455-4755</b>      | Email address | michael@jdhuls.com |  |
| 6200869                                |               |                    |  |
| Bar number & State                     |               |                    |  |

|                     |                         | Docume            | ent Page 8 of 5 | <u> 12                                   </u> |   |                     |
|---------------------|-------------------------|-------------------|-----------------|---|---|---------------------|
| Fill in this inform | nation to identify your | case:             |                 |   |   |                     |
| Debtor 1            | Cari A. Bangiorno       | 0                 |                 |   |   |                     |
|                     | First Name              | Middle Name       | Last Name       |   | I |                     |
| Debtor 2            |                         |                   |                 |   |   |                     |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name       |   |   |                     |
| United States Bar   | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |   |   |                     |
| Case number         |                         |                   |                 |   |   | Check if this is an |
|                     |                         |                   |                 |   | I | amended filing      |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets  |              |                         |
|-----|---|--------------|-------------------------|
|     |   | Your as      | ssets<br>f what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 19,986.00               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 19,986.00               |
| Par | 2: Summarize Your Liabilities   |              |                         |
|     |   |              | abilities<br>you owe    |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                | \$           | 17,762.33               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$           | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 18,559.34               |
|     | Your total liabilities  | \$           | 36,321.67               |
| Par | 3: Summarize Your Income and Expenses   |              |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 1,997.84                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 1,975.00                |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |              |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                    | ur other sch | edules.                 |
| 7.  | Yes What kind of debt do you have?  |              |                         |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal,  | family, or              |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14. | \$_ | 2,759.18 |
|----|--|-----|----------|
|    |  | 1 - |          |

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | laim |
|--|---------|------|
| From Part 4 on Schedule E/F, copy the following:   |         |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 0.00 |

| -ill in this   |  |   | Page 10 of 52   |  |  |
|--|--|---|---|--|--|
|  | information to identify your ca  | ase and this filing:  |   |  |  |
| Debtor 1   | Cari A. Bangiorno First Name   | Middle Name   | Last Name   |  |  |
| Debtor 2   |  |   |   |  |  |
| Spouse, if filir   | ng) First Name   | Middle Name   | Last Name   |  |  |
| Jnited Sta   | ates Bankruptcy Court for the:   | NORTHERN DISTRICT OF ILLING   | OIS   |  |  |
| Case numl  | ber  |   |   |  | ☐ Check if this is ar  |
|  |  |   |   |  | amended filing   |
|  |  |   |   |  |  |
| Officia  | I Form 106A/B  |   |   |  |  |
|  | dule A/B: Prope  | art.v   |   |  | 12/15  |
|  |  | items. List an asset only once. If an   | asset fits in more than one   | category list the asset in   |  |
| ink it fits b  | best. Be as complete and accurate  | as possible. If two married people a  | are filing together, both are   | equally responsible for su   | pplying correct  |
|  | . If more space is needed, attach a ry question.   | separate sheet to this form. On the   | top of any additional pages   | s, write your name and case  | number (if known).   |
|  | •  |   |   |  |  |
| art 1: De  | escribe Each Residence, Building, I  | Land, or Other Real Estate You Own  | or Have an Interest In  |  |  |
| Do you o   | wn or have any legal or equitable i  | nterest in any residence, building, la  | and, or similar property?   |  |  |
| No. Go   | o to Part 2  |   |   |  |  |
| _  | Where is the property?   |   |   |  |  |
| □ res. v   | where is the property:   |   |   |  |  |
| Part 2: De   | escribe Your Vehicles  |   |   |  |  |
| omeone el  |  | also report it on Schedule G: Exe   | hether they are registere<br>ecutory Contracts and Une  |  | hicles you own that  |
| omeone el  | lse drives. If you lease a vehicle,  | also report it on Schedule G: Exe   |   |  | hicles you own that  |
| Cars, va   | else drives. If you lease a vehicle,   | also report it on Schedule G: Exectly vehicles, motorcycles   | ecutory Contracts and Une   | expired Leases.  Do not deduct secured cla   | aims or exemptions. Put  |
| Cars, va   | e: Hyundai   | also report it on Schedule G: Exectly vehicles, motorcycles  Who has an interest in the   | ecutory Contracts and Une   | expired Leases.  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i>  |
| Cars, va   | else drives. If you lease a vehicle, ans, trucks, tractors, sport utili se:  Hyundai Elantra   | also report it on Schedule G: Exectly vehicles, motorcycles   | ecutory Contracts and Une   | Do not deduct secured clause amount of any secure Creditors Who Have Clain   | aims or exemptions. Put<br>d claims on Schedule D:<br>ms Secured by Property.  |
| Cars, va  No Yes  3.1 Mak Mod Year   | else drives. If you lease a vehicle, ans, trucks, tractors, sport utili se:  Hyundai Elantra   | who has an interest in the Debtor 1 only Debtor 2 only  | property? Check one   | Do not deduct secured clathe amount of any secure  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i>  |
| Cars, va  No Yes  3.1 Mak Mod Year Appr  | ke: Hyundai Elantra 2013   | who has an interest in the Debtor 1 only Debtor 2 only  | property? Check one   | Do not deduct secured clathe amount of any secure Creditors Who Have Clain  Current value of the   | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the  |
| Cars, va  No Yes  3.1 Mak Mod Year Appr  | se: Hyundai del: Elantra rr: 2013 rroximate mileage: 520   | who has an interest in the Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 on   | property? Check one   | Do not deduct secured clathe amount of any secure Creditors Who Have Clain  Current value of the   | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the  |
| Cars, va  No Yes  3.1 Mak Mod Year Appr  | de: Hyundai del: Elantra rr: 2013 rroximate mileage: 520 er information:   | who has an interest in the Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communication.  | property? Check one  lly s and another  nity property   | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$9,075.00   | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$9,075.00   |
| Cars, va  No Yes  3.1 Mak Mod Year Appr Othe   | de: Hyundai del: Elantra drowning recommendation:  The second recommendation of the second recommendati | who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors (see instructions)  | property? Check one  lly s and another  nity property   | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$9,075.00  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$9,075.00   |
| Cars, va  No Yes  3.1 Mak Mod Yean Appr Othe   | del: Dodge  Caravan  del: Caravan  | who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors  Check if this is commure (see instructions)  Who has an interest in the  | property? Check one  lly s and another  nity property   | Do not deduct secured class the amount of any secure Creditors Who Have Clain  Current value of the entire property?  \$9,075.00  Do not deduct secured class the amount of any secure   | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$9,075.00   |
| Cars, va  Cars, va  No Yes  3.1 Mak Mod Year Appr Othe  3.2 Mak Mod Year Appr        | del: Hyundai del: Elantra dr: 2013 droximate mileage: 520 del: Dodge del: Caravan dr: 2003 droximate mileage: 1450   | who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is commure (see instructions)  Who has an interest in the Debtor 1 only Debtor 2 only   | property? Check one  lly s and another  nity property  property? Check one  | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$9,075.00  Do not deduct secured class the amount of any secure Creditors Who Have Clair  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$9,075.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  |
| Cars, va  Cars, va  No Yes  3.1 Mak Mod Year Appir Othe  3.2 Mak Mod Year Appir Othe | se: Hyundai del: Elantra dr: 2013 droximate mileage: 520 del: Caravan dr: 2003 droximate mileage: 1450   | who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors  Check if this is commure (see instructions)  Who has an interest in the Debtor 1 only Debtor 2 only  | property? Check one  lly s and another  nity property  property? Check one  | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$9,075.00  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the                                  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$9,075.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the                  |
| Cars, va  Cars, va  No Yes  3.1 Mak Mod Year Appr Othe  3.2 Mak Mod Year Appr Othe   | del: Hyundai del: Elantra dr: 2013 droximate mileage: 520 del: Dodge del: Caravan dr: 2003 droximate mileage: 1450   | who has an interest in the Debtor 1 and Debtor 2 on At least one of the debtors Check if this is commun (see instructions)  Who has an interest in the Debtor 1 and Debtor 2 on Debtor 2 only Debtor 3 only Debtor 4 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only   | property? Check one  lly s and another  nity property  property? Check one  | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$9,075.00  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the                                  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$9,075.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the                  |
| Cars, va  No Yes  3.1 Mak Mod Year Appi Othe   | se: Hyundai del: Elantra dr: 2013 droximate mileage: 520 del: Caravan dr: 2003 droximate mileage: 1450   | who has an interest in the Debtor 1 only Debtor 2 only Debtor 3 one of the debtors At least one of the debtors  Who has an interest in the Debtor 1 and Debtor 2 on At least one of the debtors  Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Check if this is community Check if this is community Debtor 1 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is community | property? Check one  lly s and another  nity property  property? Check one  | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$9,075.00  Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?           | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$9,075.0  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  |
| Cars, va  Cars, va  No Yes  3.1 Mak Mod Year Appr Othe Ave                           | del: Hyundai Elantra Trocximate mileage: 2013 Trocximate mileage: 2003  | who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors  who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors  who has an interest in the Debtor 1 only Debtor 2 only Debtor 2 only Check if this is commune See instructions  | property? Check one  lly s and another  nity property  property? Check one  | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$9,075.00  Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$975.00 | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$9,075.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? |
| Cars, va  Cars, va  No Yes  3.1 Mak Mod Year Appr Othe Ave                           | de: Hyundai del: Elantra dr: 2013 droximate mileage: 520 del: Caravan dr: 2003 droximate mileage: 1450 der information: drage condition  | who has an interest in the Debtor 1 only Debtor 2 only Debtor 3 one of the debtors At least one of the debtors  Who has an interest in the Debtor 1 and Debtor 2 on At least one of the debtors  Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Check if this is community Check if this is community Debtor 1 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is community | property? Check one  lly s and another  nity property  property? Check one  lly s and another  nity property  es, other vehicles, and a | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$9,075.00  Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$975.00   | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$9,075.0  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  |

Schedule A/B: Property

☐ Yes

Official Form 106A/B

page 1

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Case number (if known) Document Debtor 1 Cari A. Bangiorno 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$10,050.00 pages you have attached for Part 2. Write that number here.......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... Living room, dining room, bedroom furniture \$1,000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$550.00 Flat screen tv, tablet, cell phone 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$100.00 All necessary used wearing apparel

12. **Jewelry** 

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

Yes. Describe.....

Costume jewelry \$50.00

#### 13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

☐ Yes. Describe.....

| Debtor 1            | Case 17-808                   |           | Doc 1                     | Filed 04/11/17<br>Document   | Entered 04/11/17 13:29:50 Page 12 of 52 Case number (if known) | Desc Main                             |
|---------------------|-------------------------------|-----------|---------------------------|------------------------------|--|---------------------------------------|
|                     |                               |           | old items vo              | u did not already list in    | icluding any health aids you did not list                      |                                       |
| ■ No                | iner personal and ne          | Juscin    | old itellis yo            | u did not alleddy list, li   | locating any health alds you did not list                      |                                       |
| ☐ Yes.              | Give specific informa         | ation     |                           |                              |  |                                       |
|                     |                               |           |                           |                              |  |                                       |
|                     |                               |           |                           | om Part 3, including ar      | ny entries for pages you have attached                         | \$1,700.00                            |
|                     |                               |           |                           |                              |  |                                       |
| Part 4: De          | escribe Your Financial        | Assets    |                           |                              |  |                                       |
| Do you o            | wn or have any legal          | l or eq   | uitable inter             | est in any of the follow     | ing?   | Current value of the portion you own? |
|                     |                               |           |                           |                              |  | Do not deduct secured                 |
|                     |                               |           |                           |                              |  | claims or exemptions.                 |
| 16. Cash            | unles: Money you have         | a in voi  | ır wallet in v            | our home in a safe deno      | sit box, and on hand when you file your petition               | an.                                   |
| □ No                | pies. Money you have          | s III you | ui wanet, iii yi          | our nome, in a sale depo     | sit box, and off fiand when you life your peninc               | וונ                                   |
| ■ Yes.              |                               |           |                           |                              |  |                                       |
|                     |                               |           |                           |                              | Cash   | \$10.00                               |
|                     |                               |           |                           |                              | - Cusii  | Ψ10.00                                |
| 17. Depos           | sits of money                 |           |                           |                              |  |                                       |
|                     | ples: Checking, saving        |           |                           |                              | f deposit; shares in credit unions, brokerage h                | nouses, and other similar             |
| □ No                | iristitutions. Ii yo          | ou nave   | e mulliple acc            | counts with the same inst    | itution, list each.  |                                       |
| Yes.                |                               |           |                           | Institution n                | ame:   |                                       |
|                     |                               |           |                           |                              |  |                                       |
|                     | 1                             | 7.1.      | Checking                  | Home Sta                     | te Bank - Crystal Lake   | \$100.00                              |
|                     |                               |           |                           |                              |  |                                       |
|                     | 1                             | 7.2.      | Savings                   | Home Sta                     | te Bank - Crystal Lake   | \$50.00                               |
|                     |                               |           |                           |                              | · · · · · · · · · · · · · · · · · · ·                          |                                       |
|                     | _                             |           |                           | Hama Cta                     | to Bowle, Counted Lake   | <b>\$20.00</b>                        |
|                     | 1                             | 7.3.      | Savings                   | nome Sta                     | te Bank - Crystal Lake   | \$26.00                               |
|                     |                               |           |                           |                              |  |                                       |
|                     | 1                             | 7.4.      | Savings                   | Consume                      | r Credit in Zion, Illinois                                     | \$50.00                               |
|                     |                               |           |                           |                              |  |                                       |
|                     | s, mutual funds, or p         |           |                           |                              | and the seconds  |                                       |
| ■ No                | <i>pies:</i> Bona funas, inve | estmer    | it accounts w             | ith brokerage firms, mon     | ey market accounts   |                                       |
|                     |                               | lı        | nstitution or is          | ssuer name:                  |  |                                       |
| 10 <b>Non-n</b>     | ublicly traded stock          | and in    | nterests in in            | ocornorated and uninco       | orporated businesses, including an interes                     | t in an LLC nartnershin and           |
| joint               | venture                       | unu n     | nerests in in             |                              | reportation businesses, morading an interes                    | t in an 220, partnersing, and         |
| ■ No                |                               |           |                           |                              |  |                                       |
| ⊔ Yes.              | Give specific informa         |           | bout them<br>e of entity: |                              | % of ownership:  |                                       |
| 20 <b>Co</b> ver    | nment and cornerate           |           | •                         | negotiable and non-ne        | ·  |                                       |
| Nego                | tiable instruments incl       | ude pe    | ersonal check             | s, cashiers' checks, pron    | nissory notes, and money orders.                               |                                       |
| Non-r<br>■ No       | negotiable instruments        | s are th  | nose you canı             | not transfer to someone l    | by signing or delivering them.                                 |                                       |
|                     | . Give specific informa       | ation at  | oout them                 |                              |  |                                       |
|                     |                               |           | er name:                  |                              |  |                                       |
| 21. Retire          | ment or pension acc           | counts    | ì                         |                              |  |                                       |
| _Exam               |                               |           |                           | 1(k), 403(b), thrift savings | s accounts, or other pension or profit-sharing                 | plans                                 |
| □ No                | Patricia.                     |           | L .                       |                              |  |                                       |
| ■ Yes. Official For | List each account se          | parate    | ıy.                       | Schedule A/B: P              | roperty  | page 3                                |
| Jolal I Ol          | 100, 40                       |           |                           | Jonesale A.D. I              | . ~ ~  | paye c                                |

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Case number (if known) Document Debtor 1 Cari A. Bangiorno Type of account: Institution name: **IRA** John Hancock - IRA \$8,000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value.

Beneficiary:

Company name:

Surrender or refund

value:

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| _   | Any interest in property that is due you from someone who has on the sound if you are the beneficiary of a living trust, expect proceeds from a life someone has died.  No |                           | are currently entitled to recei | ve property because     |
|-----|--|---------------------------|---------------------------------|-------------------------|
|     | Yes. Give specific information   |                           |                                 |                         |
| ı   | Claims against third parties, whether or not you have filed a laws  Examples: Accidents, employment disputes, insurance claims, or right  No                               |                           | and for payment                 |                         |
| ı   | Yes. Describe each claim   |                           |                                 |                         |
| ı   | Other contingent and unliquidated claims of every nature, includ $lacksquare$ $_{ m NO}$   | ing counterclaims         | of the debtor and rights to     | set off claims          |
| I   | Yes. Describe each claim   |                           |                                 |                         |
|     | Any financial assets you did not already list<br>■ No  |                           |                                 |                         |
| [   | Yes. Give specific information   |                           |                                 |                         |
| 36. | Add the dollar value of all of your entries from Part 4, including for Part 4. Write that number here  |                           |                                 | \$8,236.00              |
| Par | 5: Describe Any Business-Related Property You Own or Have an Interes   | st In. List any real esta | ate in Part 1.                  |                         |
| 37. | Do you own or have any legal or equitable interest in any business-related   | property?                 |                                 |                         |
| _   | No. Go to Part 6.  | ,                         |                                 |                         |
|     | Yes. Go to line 38.  |                           |                                 |                         |
|     |  |                           |                                 |                         |
| Par | 6: Describe Any Farm- and Commercial Fishing-Related Property You Coulf you own or have an interest in farmland, list it in Part 1.  | own or Have an Intere     | st In.                          |                         |
| 46. | Do you own or have any legal or equitable interest in any farm- o  | r commercial fishir       | ng-related property?            |                         |
|     | No. Go to Part 7.  |                           |                                 |                         |
|     | ☐ Yes. Go to line 47.  |                           |                                 |                         |
| Par | 7: Describe All Property You Own or Have an Interest in That You I   | Did Not List Above        |                                 |                         |
| 53. | Do you have other property of any kind you did not already list?   |                           |                                 |                         |
|     | Examples: Season tickets, country club membership  |                           |                                 |                         |
|     | No   |                           |                                 |                         |
| ١   | Yes. Give specific information   |                           |                                 |                         |
| 54. | Add the dollar value of all of your entries from Part 7. Write that  | number here               |                                 | \$0.00                  |
| Par | 8: List the Totals of Each Part of this Form   |                           |                                 |                         |
| 55. | Part 1: Total real estate, line 2  |                           |                                 | \$0.00                  |
| 56. | Part 2: Total vehicles, line 5   | \$10,050.00               |                                 | Ψ0.00                   |
| 57. | Part 3: Total personal and household items, line 15  | \$1,700.00                |                                 |                         |
| 58. | Part 4: Total financial assets, line 36  | \$8,236.00                |                                 |                         |
| 59. | Part 5: Total business-related property, line 45   | \$0.00                    |                                 |                         |
| 60. | Part 6: Total farm- and fishing-related property, line 52  | \$0.00                    |                                 |                         |
| 61. | Part 7: Total other property not listed, line 54 +   | \$0.00                    |                                 |                         |
| 62. | Total personal property. Add lines 56 through 61   | \$19,986.00               | Copy personal property to       | tal <b>\$19,986.0</b> 0 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62   |                           |                                 | \$19,986.00             |

Debtor 1

|                     |                        | I A A A HI III.   | 111 1 (1)(1), 1,7 (7) |  |
|---------------------|------------------------|-------------------|-----------------------|--|
| Fill in this inform | ation to identify your | case:             |                       |  |
| Debtor 1            | Cari A. Bangiorno      | <b>.</b>          |                       |  |
|                     | First Name             | Middle Name       | Last Name             |  |
| Debtor 2            |                        |                   |                       |  |
| (Spouse if, filing) | First Name             | Middle Name       | Last Name             |  |
| United States Ban   | kruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS           |  |
| Case number         |                        |                   |                       |  |
| (if known)          |                        |                   |                       |  |
|                     |                        |                   |                       |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | u Claim a | s Exempt |
|---------|----------|---------|-----------|-----------|----------|
|---------|----------|---------|-----------|-----------|----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
| 2013 Hyundai Elantra 52000 miles Line from Schedule A/B: 3.1                           | \$9,075.00                           |     | \$0.00  | 735 ILCS 5/12-1001(c)              |
| Line from Schedule AVD. 3.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2003 Dodge Caravan 145000 miles<br>Average condition                                   | \$975.00                             |     | \$975.00  | 735 ILCS 5/12-1001(c)              |
| Line from Schedule A/B: 3.2  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Living room, dining room, bedroom furniture  | \$1,000.00                           |     | \$1,000.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: <b>6.1</b>   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Flat screen tv, tablet, cell phone   | \$550.00                             |     | \$550.00  | 735 ILCS 5/12-1001(b)              |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| All necessary used wearing apparel   | \$100.00                             |     | \$100.00  | 735 ILCS 5/12-1001(a)              |
| Line from Genedate FVD.  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

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Cari A. Bangiorno Cari A. Bangiorno

| Brief description of the property and line on<br>Schedule A/B that lists this property     | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|--|--------------------------------------|---------|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B  |         |   |                                    |  |
| Costume jewelry Line from Schedule A/B: 12.1   | \$50.00                              |         | \$50.00   | 735 ILCS 5/12-1001(b)              |  |
| Elle Holli ochedale PAB. 1211  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Cash Line from Schedule A/B: 16.1  | \$10.00                              |         | \$10.00   | 735 ILCS 5/12-1001(b)              |  |
| Enternoin dericada AVD.  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Checking: Home State Bank - Crystal Lake   | \$100.00                             |         | \$100.00  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 17.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Savings: Home State Bank - Crystal<br>Lake   | \$50.00                              |         | \$50.00   | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 17.2   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Savings: Home State Bank - Crystal Lake  | \$26.00                              |         | \$26.00   | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 17.3   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Savings: Consumer Credit in Zion,  | \$50.00                              |         | \$50.00   | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 17.4   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| IRA: John Hancock - IRA Line from Schedule A/B: 21.1                                       | \$8,000.00                           |         | \$8,000.00  | 735 ILCS 5/12-1006                 |  |
| Ellic Holli Genedale PAB. 21.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No |                                      |         | led on or after the date of adjustme                            | nt.)                               |  |
| Yes. Did you acquire the property covere   | ed by the exemption wi               | ithin 1 | ,215 days before you filed this case                            | ?                                  |  |
| □ No<br>□ Yes  |                                      |         |   |                                    |  |

|                                  |                            | Document Pa   | age 17 c                               | of 52                                   |   |                   |
|----------------------------------|----------------------------|---|--|---|---|-------------------|
| Fill in this inform              | nation to identify you     | ur case:  |  |   |   |                   |
| Debtor 1                         | Cari A Bangiar             | en o  |  |   |   |                   |
| Debior 1                         | Cari A. Bangior            |   | t Name                                 |   |   |                   |
| Debtor 2                         |                            |   |  |   |   |                   |
| (Spouse if, filing)              | First Name                 | Middle Name Last  | t Name                                 |   |   |                   |
|                                  |                            |   | _                                      |   |   |                   |
| United States Bar                | nkruptcy Court for the     | : NORTHERN DISTRICT OF ILLINOI  | S                                      |   |   |                   |
| Coop number                      |                            |   |  |   |   |                   |
| Case number                      |                            |   |  |   | ☐ Check                                 | if this is an     |
| ()                               |                            |   |  |   |   | led filing        |
|                                  |                            |   |  |   | amend                                   | ied illing        |
| Official Form                    | 1060                       |   |  |   |   |                   |
|                                  | <del></del>                |   | _                                      | _                                       |   |                   |
| Schedule                         | D: Creditors               | s Who Have Claims Sed   | cured                                  | by Propert                              | У                                       | 12/15             |
| Dalete                           |                            | If 4  | 41                                     |   |   | ·:                |
|                                  |                            | If two married people are filing together, bo<br>out, number the entries, and attach it to this |  |   |   |                   |
| number (if known).               |                            |   |  | , | , |                   |
| 1. Do any creditors              | have claims secured b      | y your property?  |  |   |   |                   |
| □ No. Check                      | this box and submit t      | this form to the court with your other sche   | dules You                              | have nothing else t                     | o report on this form                   |                   |
| _                                |                            | ,   | dalos. Tod                             | nave nothing clock                      | o report on the form.                   |                   |
| ■ Yes. Fill in                   | all of the information     | below.  |  |   |   |                   |
| Part 1: List Al                  | II Secured Claims          |   |  |   |   |                   |
| 2 List all secured               | claims If a creditor has   | more than one secured claim, list the creditor s  | senarately                             | Column A                                | Column B                                | Column C          |
|                                  |                            | s a particular claim, list the other creditors in Pa  |  | Amount of claim                         | Value of collateral                     | Unsecured         |
| much as possible, li             | ist the claims in alphabet | ical order according to the creditor's name.  |  | Do not deduct the                       | that supports this                      | portion           |
| 2.1 Amr Eagle                    | n Bk                       | Describe the property that secures the cl   | aim:                                   | value of collateral. \$2,555.00         | claim<br>\$975.00                       | If any \$1,580.00 |
| 2.1 Amr Eagle<br>Creditor's Name |                            | Describe the property that secures the cla  | —————————————————————————————————————— | \$2,555.00                              | φ9/3.00                                 | <b>\$1,560.00</b> |
| Oreallor 3 Name                  | -                          | 2003 Dodge Caravan  |  |   |   |                   |
|                                  |                            |   |  |   |   |                   |
| EEC Dond                         | all Dood                   | As of the date you file, the claim is: Check  | all that                               |   |   |                   |
| 556 Randa                        |                            | apply.  |  |   |   |                   |
|                                  | in, IL 60177               | Contingent  |  |   |   |                   |
| Number, Street                   | , City, State & Zip Code   | Unliquidated  |  |   |   |                   |
|                                  |                            | Disputed  |  |   |   |                   |
| Who owes the de                  | ebt? Check one.            | Nature of lien. Check all that apply.   |  |   |   |                   |
| Debtor 1 only                    |                            | ☐ An agreement you made (such as mortga   | age or secure                          | ed                                      |   |                   |
| Debtor 2 only                    |                            | car loan)   |  |   |   |                   |
| Debtor 1 and De                  | ebtor 2 only               | ☐ Statutory lien (such as tax lien, mechanic  | c's lien)                              |   |   |                   |
| _                                | he debtors and another     | ☐ Judgment lien from a lawsuit  | •                                      |   |   |                   |
| ☐ Check if this cl               | aim relates to a           | Other (including a right to offset)   | chase Mo                               | ney Security                            |   |                   |
| community de                     |                            | — Other (including a right to onset)  |  |   |   |                   |
|                                  |                            |   |  |   |   |                   |
|                                  | Opened                     |   |  |   |   |                   |
|                                  | 5/11/13                    |   |  |   |   |                   |
| Data daht was ins                | Last Active                | Look A digito of account number   | 0001                                   |   |   |                   |
| Date debt was incu               | urred <u>2/2 1/17</u>      | Last 4 digits of account number   |  |   |   |                   |
|                                  |                            |   |  |   |   |                   |
| 2.2 Hyundai F                    |                            | Describe the property that secures the cla  | aim:                                   | \$15,207.33                             | \$9,075.00                              | \$6,132.33        |
| Creditor's Name                  | 9                          | 2013 Hyundai Elantra 52000 mile   | es                                     |   |   |                   |
| Customer                         | Service                    |   |  |   |   |                   |
| P.O. Box 2                       | 20829                      | As of the date you file, the claim is: Check  | all that                               |   |   |                   |
|                                  | Valley, CA                 | apply.  | ali lilal                              |   |   |                   |
| 92728-082                        | 29                         | ☐ Contingent  |  |   |   |                   |
| Number, Street                   | , City, State & Zip Code   | ☐ Unliquidated  |  |   |   |                   |
|                                  |                            | ☐ Disputed  |  |   |   |                   |
| Who owes the de                  | ebt? Check one.            | Nature of lien. Check all that apply.   |  |   |   |                   |
| Debtor 1 only                    |                            | ☐ An agreement you made (such as mortga   | age or secure                          | ed                                      |   |                   |
| Debtor 2 only                    |                            | car loan)   |  |   |   |                   |
| Debtor 1 and De                  | ebtor 2 only               | ☐ Statutory lien (such as tax lien, mechanic  | c's lien)                              |   |   |                   |
|                                  | he debtors and another     | ☐ Judgment lien from a lawsuit  | ,                                      |   |   |                   |
|                                  |                            | auagaoii iioiii a lawouit   |  |   |   |                   |

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| Debtor 1  | Cari A. Bang         | 3angiorno             |                                      | Case number (if know)   |    |
|-----------|----------------------|-----------------------|--------------------------------------|-------------------------|----|
|           | First Name           | Middle Name Last Name |                                      |                         |    |
|           | if this claim relate | es to a               | Other (including a right to offset)  | Purchase Money Security |    |
| Date debt | was incurred 2       | 014                   | Last 4 digits of account nun         | 9834                    |    |
| Add the   | dollar value of yo   | our entries in Colo   | umn A on this page. Write that nur   | nber here: \$17,762.    | 33 |
|           | the last page of y   | our form, add the     | e dollar value totals from all pages |                         |    |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                        | Ou   | 00 11 00000 D   | Document  | Page 1                       | 9 of 52  | <b>50 B</b> CS                | Owani                               |
|------------------------|--|---|---|------------------------------|--|-------------------------------|-------------------------------------|
| Fill                   | in this inform   | nation to identify your ca                              |   |                              |  |                               |                                     |
| Deb                    | otor 1   | Cari A. Bangiorno                                       |   |                              |  |                               |                                     |
|                        |  | First Name  | Middle Name   | Last Name                    |  |                               |                                     |
|                        | otor 2<br>use if, filing)  | First Name  | Middle Name   | Last Name                    |  |                               |                                     |
| Lini                   | tod States Bar   | nkruptcy Court for the:                                 | NORTHERN DISTRICT OF ILL  | INOIS                        |  |                               |                                     |
| OIII                   | ieu Siales Dai   | ikiupicy Court for the.                                 | NORTHERN DISTRICT OF ILL  | 111013                       |  |                               |                                     |
|                        | se number  |   |   |                              |  |                               | ha ali if shia ia an                |
| (11 K11                | OWII)  |   |   |                              |  | _                             | heck if this is an<br>mended filing |
|                        |  |   |   |                              |  |                               | 3                                   |
|                        | icial Form   |   |   |                              |  |                               |                                     |
|                        |  |   | no Have Unsecured Part 1 for creditors with PRIORITY  |                              |  |                               | 12/15                               |
| iche<br>iche<br>eft. / | edule G: Execut<br>edule D: Credito<br>Attach the Cont<br>e and case num | ory Contracts and Unexpire<br>ors Who Have Claims Secur | nat could result in a claim. Also lised Leases (Official Form 106G). Do not be property. If more space is not life you have no information to rep | o not include<br>eeded, copy | any creditors with partially se the Part you need, fill it out, no | cured claims<br>umber the ent | that are listed in ries in the      |
|                        |  | rs have priority unsecured                              |   |                              |  |                               |                                     |
| •                      | No. Go to Pa   |   | ciains against you!   |                              |  |                               |                                     |
|                        | Yes.   | art Z.  |   |                              |  |                               |                                     |
|                        |  | l of Your NONPRIORITY                                   | Unsecured Claims  |                              |  |                               |                                     |
| 3.                     | Do any credito   | rs have nonpriority unsecu                              | red claims against you?   |                              |  |                               |                                     |
|                        | ☐ No. You hav  | re nothing to report in this par                        | t. Submit this form to the court with y   | our other sche               | edules.  |                               |                                     |
|                        | Yes.   |   |   |                              |  |                               |                                     |
|                        | unsecured clain  | n, list the creditor separately f                       | ms in the alphabetical order of the<br>or each claim. For each claim listed,<br>the other creditors in Part 3.If you h                            | identify what t              | type of claim it is. Do not list clair                             | ms already incl               | uded in Part 1. If more             |
|                        |  |   |   |                              |  |                               | Total claim                         |
| 4.1                    |  | te Health & Hospitals Creditor's Name                   | Last 4 digits of acco   | ount number                  | 9635   |                               | \$453.44                            |
|                        |  | ris & Harris Ltd.                                       | When was the debt   | incurred?                    | 2016   |                               |                                     |
|                        |  | st Jackson Blvd. Sute                                   | 400   |                              |  |                               |                                     |
|                        |  | reet City State Zlp Code                                | As of the date you fi   | ile, the claim i             | is: Check all that apply   |                               |                                     |
|                        |  | red the debt? Check one.                                |   |                              |  |                               |                                     |
|                        | Debtor   | 1 only  | ☐ Contingent  |                              |  |                               |                                     |
|                        | ☐ Debtor   | 2 only  | ☐ Unliquidated  |                              |  |                               |                                     |
|                        | ☐ Debtor   | 1 and Debtor 2 only                                     | ☐ Disputed  |                              |  |                               |                                     |
|                        | At least   | one of the debtors and anoth                            | _   | TY unsecured                 | d claim:   |                               |                                     |
|                        |  | if this claim is for a comm                             | _   |                              |  |                               |                                     |
|                        | debt<br>Is the clair   | m subject to offset?                                    | ☐ Obligations arisino report as priority clain  |                              | aration agreement or divorce that                                  | t you did not                 |                                     |
|                        | ■ No   | -   |   |                              | ng plans, and other similar debts                                  |                               |                                     |
|                        | ☐ Yes  |   | Other. Specify  | /ledical                     |  |                               |                                     |
|                        |  |   |   |                              |  |                               |                                     |

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| Carl A. Bangiorno  |   | Case number (if know)                         |          |
|--|---|---|----------|
| Advocate Medical Group   | Last 4 digits of account number                                 | 2570  | \$198.62 |
| Nonpriority Creditor's Name C/O United Recovery Services, LLC 18525 Torrence Ave Suite C-6 Lansing, IL 60438 | When was the debt incurred?                                     | 2016  |          |
| Number Street City State Zlp Code  | As of the date you file, the claim                              | is: Check all that apply                      |          |
| Who incurred the debt? Check one.  | •   |   |          |
| Debtor 1 only  | ☐ Contingent  |   |          |
| Debtor 2 only  | ☐ Unliquidated  |   |          |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                    | d claim:                                      |          |
| ☐ Check if this claim is for a community   | ☐ Student loans   |   |          |
| debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims      | aration agreement or divorce that you did not |          |
| ■ No   | Debts to pension or profit-sharing                              | g plans, and other similar debts              |          |
| □Yes   | Other. Specify Medical  |   |          |
|  |   |   | <b></b>  |
| Affiliated Ear Nose & Throat  Nonpriority Creditor's Name  | Last 4 digits of account number                                 | 8604  | \$198.57 |
| 2441 Lake Shore Drive<br>Woodstock, IL 60098   | When was the debt incurred?                                     | 2015  |          |
| Number Street City State Zlp Code  | As of the date you file, the claim                              | is: Check all that apply                      |          |
| Who incurred the debt? Check one.  |   |   |          |
| ■ Debtor 1 only  | ☐ Contingent  |   |          |
| Debtor 2 only  | ☐ Unliquidated  |   |          |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                    | d claim:                                      |          |
| ☐ Check if this claim is for a community   | Student loans   |   |          |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separe report as priority claims | ration agreement or divorce that you did not  |          |
| No   | Debts to pension or profit-sharir                               | a plans, and other similar debts              |          |
| ■ No □ Yes   |   | g plans, and other similar debts              |          |
| ☐ Yes  | Other. Specify Medical  |   |          |
| Affiliated ENT Physicians Nonpriority Creditor's Name  | Last 4 digits of account number                                 | 8604  | \$130.57 |
| 2441 Lake Shore Drive<br>Woodstock, IL 60098   | When was the debt incurred?                                     | 2015  |          |
| Number Street City State Zlp Code  | As of the date you file, the claim                              | is: Check all that apply                      |          |
| Who incurred the debt? Check one.  |   |   |          |
| ■ Debtor 1 only  | ☐ Contingent  |   |          |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |          |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                    | d claim:                                      |          |
| ☐ Check if this claim is for a community   | ☐ Student loans   |   |          |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims      | aration agreement or divorce that you did not |          |
| ■ No   | Debts to pension or profit-sharing                              | g plans, and other similar debts              |          |
| ☐ Yes  | ■ Other. Specify Medical  |   |          |
|  |   |   |          |

Page 21 of 52 Case number (if know) Document Debtor 1 Cari A. Bangiorno Capital One Bank (USA) N.A. 4.5 \$734.41 Last 4 digits of account number 0283 Nonpriority Creditor's Name C/O Portfolio Recovery Associates When was the debt incurred? 2016 120 Corporate Blvd Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card ☐ Yes 4.6 Centegra Health System Last 4 digits of account number 9381 \$529.57 Nonpriority Creditor's Name P.O. Box 864 When was the debt incurred? 2015 Mahwah, NJ 07430 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.7 \$180.41 Centegra Health System Last 4 digits of account number 0001 Nonpriority Creditor's Name P.O. Box 864 When was the debt incurred? 2016 Mahwah, NJ 07430 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical expenses

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| Carl A. Bangiorno  |  | Case number (if know)                         |            |
|--|--|---|------------|
| Centegra Primary Care  | Last 4 digits of account number                              | 4738  | \$209.27   |
| Nonpriority Creditor's Name Harris & Harris, Ltd. 111 West Jackson Blvd. Suite 400 Chicago, IL 60604 | When was the debt incurred?                                  | 2016  |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                                 | As of the date you file, the claim                           | is: Check all that apply                      |            |
| ■ Debtor 1 only  | ☐ Contingent   |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| Yes  | Other. Specify Medical ex                                    | penses  |            |
| Chase Card Nonpriority Creditor's Name   | Last 4 digits of account number                              | 9411  | \$4,477.00 |
| Po Box 15298<br>Wilmington, DE 19850   | When was the debt incurred?                                  | Opened 10/08 Last Active 5/11/14              |            |
| Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.  | •  |   |            |
| ■ Debtor 1 only  | ☐ Contingent   |   |            |
| Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
| debt<br>Is the claim subject to offset?  | report as priority claims                                    | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| Yes  | Other. Specify Credit Card                                   | <u></u>                                       |            |
| Comcast  | Last 4 digits of account number                              | 1183  | \$231.67   |
| Nonpriority Creditor's Name<br>P.O, Box 3002<br>Southeastern, PA 19398-3002                          | When was the debt incurred?                                  | 2014  |            |
| Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.  |  |   |            |
| Debtor 1 only  | ☐ Contingent   |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
| debt   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharir | og plans, and other similar debts             |            |
| ■ No   | •  | יש אומוים, מווע טנוופו אווווומו עפטנא         |            |
| ☐ Yes  | Other Specify Cable  |   |            |

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Page 23 of 52 Case number (if know) Debtor 1 Cari A. Bangiorno 4.1 Convergent Outsoucing, Inc 8361 \$347.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 9004 When was the debt incurred? **Opened 11/16** Renton, WA 98057 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collection Attorney Sprint 4.1 **ERC/Enhanced Recovery Corp** 7869 \$52.00 Last 4 digits of account number Nonpriority Creditor's Name 8014 Bayberry Rd When was the debt incurred? **Opened 09/14** Jacksonville, FL 32256 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney At T ☐ Yes 4.1 First National Bank \$2.519.00 2141 Last 4 digits of account number Nonpriority Creditor's Name Attn: FNN Legal Dept Opened 08/12 Last Active 1620 Dodge St Mailstop Code 3290 When was the debt incurred? 5/01/14 Omaha, NE 68191 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Credit Card

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Page 24 of 52 Case number (if know) Debtor 1 Cari A. Bangiorno 4.1 First Step Foot Care SC 4931 \$203.36 Last 4 digits of account number 4 Nonpriority Creditor's Name 385 W. Liberty Street When was the debt incurred? 2016 Wauconda, IL 60084 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical 4.1 IC Systems, Inc 3854 \$152.00 Last 4 digits of account number Nonpriority Creditor's Name 444 Highway 96 East When was the debt incurred? **Opened 01/17** St Paul, MN 55127 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Directv ☐ Yes 4.1 Kohls/Capital One 6870 \$669.00 Last 4 digits of account number 6 Nonpriority Creditor's Name **Kohls Credit** Opened 09/11 Last Active Po Box 3043 When was the debt incurred? 5/13/14 Milwaukee, WI 53201 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Charge Account

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Case number (if know)

Debtor 1 Cari A. Bangiorno 4.1 Midland Funding 4676 \$1,686.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 07/15** Po Box 939069 San Diego, CA 92193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Synchrony** Other. Specify ☐ Yes 4.1 OAC \$110.00 2565 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? Po Box 500 Baraboo, WI 53913 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Wellington Radiology Group 4.1 Portfolio Recovery 7986 Last 4 digits of account number \$1,753.00 Nonpriority Creditor's Name Po Box 41067 When was the debt incurred? **Opened 01/16** Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Capital One** Other. Specify Bank Usa N.A. ☐ Yes

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Case number (if know)

Debtor 1 Cari A. Bangiorno 4.2 **Portfolio Recovery** 2457 \$1,429.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Po Box 41067 When was the debt incurred? **Opened 12/15** Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account World** ☐ Yes Other. Specify **Financial Network Bank** 4.2 \$734.00 Portfolio Recovery 0283 Last 4 digits of account number Nonpriority Creditor's Name Po Box 41067 When was the debt incurred? **Opened 03/16** Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Hsbc Bank** ☐ Yes Other. Specify Nevada N.A. 4.2 The Affiliated Group I 8536 \$59.00 Last 4 digits of account number Nonpriority Creditor's Name 3055 41st St Nw Ste 100 When was the debt incurred? **Opened 07/16** Rochester, MN 55901 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Health Care Clinics Of** ☐ Yes Other. Specify Select

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Page 27 of 52 Case number (if know) Document Debtor 1 Cari A. Bangiorno

| 4.2<br>3                     | Victoria's Secret   | Last 4 digits of account number 2457  | \$1,458.40   |  |  |  |
|------------------------------|---|---|--|--|--|--|
|                              | Nonpriority Creditor's Name C/O Portfolio Recovery Associates P.O. Box 182125 Columbus, OH 43218-2125 | When was the debt incurred? 2014  |  |  |  |  |
|                              | Number Street City State ZIp Code   | As of the date you file, the claim is: Check all that apply   |  |  |  |  |
|                              | Who incurred the debt? Check one.   | _   |  |  |  |  |
|                              | Debtor 1 only   | ☐ Contingent  |  |  |  |  |
|                              | Debtor 2 only   | ☐ Unliquidated  |  |  |  |  |
|                              | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |  |  |  |
|                              | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |  |  |  |  |
|                              | Check if this claim is for a community  | ☐ Student loans   |  |  |  |  |
|                              | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you di<br>report as priority claims   | d not  |  |  |  |
|                              | ■ No  | lacksquare Debts to pension or profit-sharing plans, and other similar debts  |  |  |  |  |
|                              | Yes   | Other. Specify Credit card  |  |  |  |  |
| 4.2                          | Wellington Radiology Nonpriority Creditor's Name  | Last 4 digits of account number 5906  | \$44.05  |  |  |  |
|                              | C/O I.C.S. Inc.   | When was the debt incurred? 2016  |  |  |  |  |
|                              | P.O. Box 1010<br>Tinley Park, IL 60477-9110   |   |  |  |  |  |
|                              | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |  |  |  |  |
|                              | Who incurred the debt? Check one.   |   |  |  |  |  |
|                              | Debtor 1 only   |   |  |  |  |  |
|                              | Debtor 2 only   |   |  |  |  |  |
|                              | ☐ Debtor 1 and Debtor 2 only ☐ Disputed   |   |  |  |  |  |
|                              | At least one of the debtors and another   |   |  |  |  |  |
|                              | ☐ Check if this claim is for a community  | Student loans   |  |  |  |  |
|                              | debt Is the claim subject to offset?  | <ul> <li>Obligations arising out of a separation agreement or divorce that you di<br/>report as priority claims</li> </ul>  | d not  |  |  |  |
|                              | ■ No  | lacksquare Debts to pension or profit-sharing plans, and other similar debts  |  |  |  |  |
|                              | Yes   | ■ Other. Specify Medical  |  |  |  |  |
| is tr<br>hav<br>noti<br>Name | this page only if you have others to be notified rying to collect from you for a debt you owe to s    | about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For comeone else, list the original creditor in Parts 1 or 2, then list the collection at you listed in Parts 1 or 2, list the additional creditors here. If you do not have | agency here. Similarly, if you<br>ave additional persons to be   |  |  |  |
|                              | LaSale St. Suite 2200   | Part 1: Creditors with Priority Unsecur   |  |  |  |  |
| Chic                         | eago, IL 60603  | Last 4 digits of account number   | cured Claims   |  |  |  |
| Name                         | e and Address   | On which entry in Part 1 or Part 2 did you list the original creditor?  |  |  |  |  |
|                              | ct TV   | Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecur   | ed Claims  |  |  |  |
|                              | Box 9001069   | ■ Part 2: Creditors with Nonpriority Unse   | ecured Claims  |  |  |  |
| Loui                         | isville, KY 40290   | Last 4 digits of account number   |  |  |  |  |
| NI                           | and Address   |   |  |  |  |  |
|                              | and Address S Services  | On which entry in Part 1 or Part 2 did you list the original creditor?  Line <b>4.10</b> of ( <i>Check one</i> ):   | ed Claims  |  |  |  |
| P.O.                         | Box 1116  | Part 2: Creditors with Nonpriority Unse   |  |  |  |  |
| Cha                          | rlotte, NC 28201-1116   | Last 4 digits of account number   | and the second s |  |  |  |
|                              |   |   |  |  |  |  |
|                              | e and Address<br><b>5. Inc.</b>   | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.18 of (Check one):   | ed Claims  |  |  |  |

Official Form 106 E/F

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Case number (if know)

| Carl A. Barrylorilo                                    |   | Case number (ii know)                                 |  |  |  |
|--|---|---|--|--|--|
| P.O. Box 1010<br>Tinley Park, IL 60477-9110            | Last 4 digits of account number           | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |
|  | Last 4 digits of account number           |   |  |  |  |
| Name and Address                                       | On which entry in Part 1 or Part 2 or     | did you list the original creditor?                   |  |  |  |
| Kevin Mortell/Toni Miller                              | Line <b>4.17</b> of ( <i>Check one</i> ): | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| 1821 Walden Office Square Suite 400                    |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| Schaumburg, IL 60173                                   |   |   |  |  |  |
|  | Last 4 digits of account number           | 2451  |  |  |  |
| Name and Address                                       | On which entry in Part 1 or Part 2 or     | lid you list the original creditor?                   |  |  |  |
| LTD  | Line 4.9 of (Check one):                  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| 7322 Southwest Freeway Suite 1600<br>Houston, TX 77074 |   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |
| ,  | Last 4 digits of account number           |   |  |  |  |
| Name and Address                                       | On which entry in Part 1 or Part 2 or     | lid you list the original creditor?                   |  |  |  |
| Transworld Systems                                     | Line 4.3 of (Check one):                  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| P.O. Box 17221<br>Wilmington, DE 19850                 |   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |
|  | Last 4 digits of account number           |   |  |  |  |
| Name and Address                                       | On which entry in Part 1 or Part 2 or     | lid you list the original creditor?                   |  |  |  |
| Transworld Systems                                     | Line 4.14 of (Check one):                 | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| P.O. Box 17221   |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| Wilmington, DE 19850                                   | Last 4 digits of account number           |   |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Т  | otal Claim |
|--------------|-----|---|-----|----|------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00       |
|              |     |   |     | Т  | otal Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 18,559.34  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 18,559.34  |

|                     |                          |                   | 111 FAUE / 3 UL J/ |   |                     |
|---------------------|--------------------------|-------------------|--------------------|---|---------------------|
| Fill in this infor  | mation to identify your  | case:             |                    |   |                     |
| Debtor 1            | Cari A. Bangiorn         | 0                 |                    |   |                     |
|                     | First Name               | Middle Name       | Last Name          |   |                     |
| Debtor 2            |                          |                   |                    |   |                     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name          |   |                     |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |   |                     |
| Case number         |                          |                   |                    |   | Shook if this is an |
| (ii kilowii)        |                          |                   |                    | _ | Check if this is an |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.2 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.3 | <u> </u>  |              | <u> </u>              |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.4 | 0.1.5     |              | 0.0.0                 | 2.1. 0000         |   |
| 2.4 | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.5 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
|     | - ity     |              | Cidio                 |                   |   |

|                |                                     | Docume  | ent Page 30 o           | ot 52   |                         |
|----------------|-------------------------------------|---|-------------------------|---|-------------------------|
| Fill in thi    | s information to identify yo        | our case:   |                         |   |                         |
| Debtor 1       | Cari A Bangia                       | W 0   |                         |   |                         |
| Deptor i       | Cari A. Bangio                      | Middle Name   | Last Name               |   |                         |
| Debtor 2       |                                     |   |                         |   |                         |
| (Spouse if, fi | ling) First Name                    | Middle Name   | Last Name               |   |                         |
| Linitad Ct     | otoo Bonkruptov Court for th        | e: NORTHERN DISTRICT  | OF ILLINOIS             |   |                         |
| United St      | ates Bankruptcy Court for th        | e. NORTHERN DISTRICT  | OF ILLINOIS             |   |                         |
| Case nun       | nber                                |   |                         |   |                         |
| (if known)     |                                     |   |                         |   | Check if this is an     |
|                |                                     |   |                         |   | amended filing          |
| O 441 .        |                                     |   |                         |   |                         |
| Officia        | al Form 106H                        |   |                         |   |                         |
| Sche           | dule H: Your Co                     | odebtors  |                         |   | 12/15                   |
|                |                                     | 0.0.0.00.0  |                         |   |                         |
| our nam        | e and case number (if kno           | wn). Answer every question (If you are filing a joint case, |                         | to this page. On the top of any Ad  |                         |
|                |                                     |   |                         |   |                         |
| ■ No           |                                     |   |                         |   |                         |
| ☐ Ye           | S                                   |   |                         |   |                         |
|                |                                     | you lived in a community pr<br>ana, Nevada, New Mexico, Pu  |                         | ry? (Community property states and ington, and Wisconsin.)  | territories include     |
| ■ No           | o. Go to line 3.                    |   |                         |   |                         |
| ☐ Ye           | s. Did your spouse, former s        | spouse, or legal equivalent live                            | e with you at the time? |   |                         |
|                |                                     |   |                         |   |                         |
| in lin<br>Form | e 2 again as a codebtor or          | ily if that person is a guaran                              | tor or cosigner. Make   | r if your spouse is filing with you.<br>sure you have listed the creditor<br>06G). Use Schedule D, Schedule E | on Schedule D (Official |
|                | Column 1: Your codebtor             |   |                         | Column 2: The creditor to wh  |                         |
|                | Name, Number, Street, City, State a | na ZIP Code   |                         | Check all schedules that apply  |                         |
| 3.1            |                                     |   |                         | ☐ Schedule D, line  |                         |
| 3.1            | Name                                |   |                         | Schedule E/F, line  | _                       |
|                |                                     |   |                         | Schedule G, line  | <del></del>             |
|                |                                     |   |                         |   |                         |
|                | Number Street                       | 2   | 710.0                   |   |                         |
|                | City                                | State   | ZIP Code                |   |                         |
|                |                                     |   |                         |   |                         |
| 3.2            |                                     |   |                         | ☐ Schedule D, line  |                         |
|                | Name                                |   |                         | ☐ Schedule E/F, line  | _                       |
|                |                                     |   |                         | ☐ Schedule G, line  |                         |
|                | Number Street                       |   |                         |   |                         |
|                | City Street                         | State   | ZIP Code                |   |                         |

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| Fill               | in this information to identify your o  | ase.                          |  |                                |                                   |  |                           |
|--------------------|---|-------------------------------|--|--------------------------------|-----------------------------------|--|---------------------------|
|                    | otor 1 Cari A. Ban  |                               |  |                                |                                   |  |                           |
|                    | otor 2<br>ouse, if filing)  |                               |  |                                |                                   |  |                           |
| Uni                | ted States Bankruptcy Court for the   | e: NORTHERN DISTRIC           | CT OF ILLINOIS                                     |                                |                                   |  |                           |
| (If kr             | se number<br>nown)  |                               | -  |                                |                                   |  |                           |
|                    | fficial Form 106I   |                               |  |                                | MM / DD                           | YYYYY                                  |                           |
| S                  | chedule I: Your Inc   | ome                           |  |                                |                                   |  | 12/15                     |
| sup<br>spo<br>atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing wi | ng jointly, and your sp<br>ith you, do not include | oouse is livii<br>e informatio | ng with you, in<br>n about your s | clude information<br>pouse. If more sp | about your ace is needed, |
| 1.                 | Fill in your employment information.  |                               | Debtor 1   |                                | Debto                             | 2 or non-filing s                      | pouse                     |
|                    | If you have more than one job,  | Employment status             | ■ Employed   |                                | ☐ Em                              | •                                      |                           |
|                    | attach a separate page with information about additional  | ito pago with                 |  | ☐ Not employed                 |                                   | employed                               |                           |
|                    | employers.  | Occupation                    | AP Manager   |                                |                                   |  |                           |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name               | Unicarriers  |                                |                                   |  |                           |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address            | 240 N. Prospect S<br>Marengo, IL 6015              |                                |                                   |  |                           |
|                    |   | How long employed to          | here? 6 months                                     | 5                              |                                   |  |                           |
| Par                | t 2: Give Details About Mo  | nthly Income                  |  |                                |                                   |  |                           |
|                    | mate monthly income as of the duse unless you are separated.  | ate you file this form. If    | you have nothing to rep                            | ort for any li                 | ne, write \$0 in th               | ne space. Include y                    | our non-filing            |
|                    | u or your non-filing spouse have m<br>e space, attach a separate sheet to   |                               | ombine the information                             | for all emplo                  | ers for that per                  | son on the lines be                    | low. If you need          |
|                    |   |                               |  |                                | For Debtor 1                      | For Debtor 2 non-filing sp             |                           |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |                               |  | 2. \$_                         | 2,759.21                          | _ \$                                   | N/A                       |
| 3.                 | Estimate and list monthly over  | time pay.                     |  | 3. +\$_                        | 0.00                              |  | N/A                       |

2,759.21

\$

N/A

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1                 | Cari A. Bangiorno   | -          | Case        | number (if kno                          | wn)  |        |                       |            |   |
|-----|-----------------------|---|------------|-------------|---|--|--------|-----------------------|------------|---|
|     |                       |   |            | For         | Debtor 1                                |  |        | Debtor 2<br>filing sp |            |   |
|     | Cop                   | y line 4 here   | 4.         | \$          | 2,759.                                  | 21   | \$     | g op                  | N/A        |   |
| 5.  | l iet                 | all payroll deductions:   |            |             |   |  |        |                       |            | _                                       |
| J.  | 5a.                   | Tax, Medicare, and Social Security deductions   | 5a.        | \$          | 764                                     | 27   | \$     |                       | N/A        |   |
|     | 5a.<br>5b.            | Mandatory contributions for retirement plans  | 5a.<br>5b. | \$<br>      | 761.                                    | 00   | \$     |                       | N/A<br>N/A | -                                       |
|     | 5c.                   | Voluntary contributions for retirement plans  | 5c.        | \$<br>      |   | 00   | \$     |                       | N/A        | _                                       |
|     | 5d.                   | Required repayments of retirement fund loans  | 5d.        | <b>\$</b> — |   | 00   | \$<br> |                       | N/A        | -                                       |
|     | 5e.                   | Insurance   | 5e.        | \$<br>      |   | 00   | \$     |                       | N/A        | -                                       |
|     | 5f.                   | Domestic support obligations  | 5f.        | \$          |   | 00   | \$     |                       | N/A        | _                                       |
|     | 5g.                   | Union dues  | 5g.        | \$_         |   | 00   | \$     |                       | N/A        | -                                       |
|     | 5h.                   | Other deductions. Specify:  | 5h.+       | · · —       |   | 00   | + \$   |                       | N/A        | -                                       |
| 6.  | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | —<br>6.    | \$          | 761.                                    |  | \$     |                       | N/A        | -                                       |
| 7.  |                       | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$          | 1,997.                                  |  | \$     |                       | N/A        | -                                       |
| 8.  |                       | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross   |            | ·           | .,,,,,                                  | <u>.                                    </u> | ·      |                       | 1471       | -                                       |
|     |                       | receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.        | \$          | 0                                       | 00   | \$     |                       | N/A        |   |
|     | 8b.                   | Interest and dividends  | 8b.        | \$-         |   | 00   | \$     |                       | N/A        | _                                       |
|     | 8c.                   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |            | \$<br>\$    |   | 00   | \$     |                       | N/A        | -                                       |
|     | 8d.                   | Unemployment compensation   | 8d.        | \$—         |   | 00   | \$<br> |                       | N/A        | _                                       |
|     | 8e.                   | Social Security   | 8e.        | \$<br>      |   | 00   | \$<br> |                       | N/A        | -                                       |
|     | 8f.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   |            | \$          |   | 00   | \$     |                       | N/A        | -                                       |
|     | 8g.                   | Pension or retirement income  | 8g.        | \$          | 0.                                      | 00   | \$     |                       | N/A        | -                                       |
|     | 8h.                   | Other monthly income. Specify:  | 8h.+       | - \$        | 0.                                      | 00   | + \$   |                       | N/A        | -<br>-                                  |
| 9.  | Add                   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$          | 0.                                      | 00   | \$     |                       | N/A        | A                                       |
| 10. | Calo                  | culate monthly income. Add line 7 + line 9.   | 10. \$     |             | 1,997.84                                | \$   |        | N/A :                 | = \$       | 1,997.84                                |
|     |                       | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | Ľ          |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |        |                       | L –        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 11. | Inclu<br>othe<br>Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depen      |             |   |  |        | chedule<br>11.        |            | 0.00                                    |
| 12. |                       | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |            |             |   |  |        | 12.                   | \$         | 1,997.84                                |
|     |                       |   |            |             |   |  |        |                       | Combii     |   |
| 13. | Do y                  | you expect an increase or decrease within the year after you file this form No.  Yes. Explain:  | ?          |             |   |  |        |                       | inontni    | y income                                |

Schedule I: Your Income

page 2

Official Form 106I

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| Fill  | in this informa       | tion to identify yo                                   | our case:        |   |  | Ī                         |  |   |
|-------|-----------------------|---|------------------|---|--|---------------------------|--|---|
| Deb   |                       | Cari A. Bang  |                  |   |  | Che                       | eck if this is:                          |   |
| Deb   | tor 2                 |   | '                |   |  |                           | An amended filing                        | g<br>owing postpetition chapter                         |
|       | ouse, if filing)      |   |                  |   |  | "                         |  | of the following date:                                  |
| Unite | ed States Bankr       | ruptcy Court for the                                  | NORTH            | IERN DISTRICT OF ILLIN                                      | OIS  |                           | MM / DD / YYYY                           |   |
|       | e number<br>nown)     |   |                  |   |  |                           |  |   |
| Of    | ficial Fo             | rm 106J   |                  |   |  |                           |  |   |
| Sc    | chedule               | J: Your I   | Exper            | ises  |  |                           |  | 12/1  |
| info  | rmation. If m         | and accurate as<br>ore space is ne<br>n). Answer ever | eded, atta       | If two married people ar<br>ch another sheet to this<br>n.  | e filing together, b<br>form. On the top o | oth are eq<br>f any addit | ually responsible<br>tional pages, write | for supplying correct<br>your name and case             |
| Part  |                       | ibe Your House  | hold             |   |  |                           |  |   |
| 1.    | Is this a joir        |   |                  |   |  |                           |  |   |
|       | ■ No. Go to           |   | n a separ        | ate household?  |  |                           |  |   |
|       | N                     |   |                  |   |  |                           |  |   |
|       |                       |   | t file Offici    | al Form 106J-2, <i>Expenses</i>                             | for Separate House                         | ehold of De               | ebtor 2.                                 |   |
| 2.    | Do you have           | e dependents?   | ■ No             |   |  |                           |  |   |
|       | Do not list Debtor 2. | ebtor 1 and   | ☐ Yes.           | Fill out this information for each dependent                | Dependent's relat<br>Debtor 1 or Debto     |                           | Dependent's age                          | Does dependent live with you?                           |
|       | Do not state          |   |                  |   |  |                           |  | □ No  |
|       | dependents            | names.  |                  |   |  |                           |  | _ □ Yes<br>□ No   |
|       |                       |   |                  |   |  |                           |  | ☐ Yes   |
|       |                       |   |                  |   | <del></del>                                |                           | <del>_</del>                             | □ No  |
|       |                       |   |                  |   |  |                           |  | _ Pes   |
|       |                       |   |                  |   |  |                           |  | □ No  |
| 3.    | Do vour exp           | enses include   | _                | No  |  |                           |  | _ Yes   |
| 0.    | expenses of           | f people other to<br>d your depende                   | <sup>han</sup> ⊓ | No<br>Yes   |  |                           |  |   |
| exp   | imate your ex         |   | our bankr        | uptcy filing date unless y                                  |  |                           |  | hapter 13 case to report<br>of the form and fill in the |
| the   |                       | n assistance an                                       |                  | government assistance i<br>luded it on <i>Schedule I:</i> \ |  |                           | Your ex                                  | penses  |
| 4.    |                       | or home owners  |                  | ses for your residence. I                                   | nclude first mortgag                       | je 4.                     | \$                                       | 700.00  |
|       | . ,                   | led in line 4:  | -                |   |  |                           |  |   |
|       |                       | estate taxes  |                  |   |  | 4a.                       | \$                                       | 0.00  |
|       |                       | rty, homeowner's                                      | s, or renter     | 's insurance  |  | 4b.                       | · ·                                      | 0.00  |
|       |                       |   |                  | ıpkeep expenses   |  | 4c.                       | ·  | 0.00  |
| _     |                       | owner's associat                                      |                  |   |  | 4d.                       |  | 0.00  |
| 5.    | Additional r          | nortgage payme  | ents for yo      | <b>our residence,</b> such as ho                            | me equity loans                            | 5.                        | \$                                       | 0.00  |

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| Debtor 1       | Cari A. Ba                              | angiorno  | Case num      | ber (if known)      |                         |
|----------------|---|---|---------------|---------------------|-------------------------|
| 6. <b>Util</b> | ties:                                   |   |               |                     |                         |
| 6a.            |   | neat, natural gas   | 6a.           | \$                  | 25.00                   |
| 6b.            | •                                       | er, garbage collection  | 6b.           |                     | 0.00                    |
| 6c.            |   | cell phone, Internet, satellite, and cable services   | 6c.           |                     | 150.00                  |
| 6d.            | Other. Spe                              | •   | 6d.           | ·                   | 0.00                    |
|                |   | keeping supplies  | 7.            |                     | 125.00                  |
|                |   | nildren's education costs   | 8.            | \$                  |                         |
| _              |   |   | o.<br>9.      | \$                  | 0.00                    |
|                | -                                       | y, and dry cleaning   |               | · ·                 | 35.00                   |
|                | •                                       | oducts and services   | 10.           |                     | 40.00                   |
|                | lical and den                           | •   | 11.           | \$                  | 65.00                   |
|                | <b>nsportation.</b> I<br>not include ca | nclude gas, maintenance, bus or train fare.   | 12.           | \$                  | 100.00                  |
|                |   | lubs, recreation, newspapers, magazines, and books  | 13.           | ·                   | 25.00                   |
|                |   | ibutions and religious donations  | 14.           | · ·                 | 0.00                    |
|                |   | ibutions and religious donations  | 14.           | Φ                   | 0.00                    |
|                | irance.                                 | surance deducted from your pay or included in lines 4 or 20.  |               |                     |                         |
|                | . Life insurar                          |   | 15a.          | \$                  | 0.00                    |
|                | . Health insu                           |   | 15a.<br>15b.  |                     | 0.00                    |
|                |   |   |               |                     |                         |
|                | Vehicle ins                             |   | 15c.          |                     | 100.00                  |
|                | . Other insur                           |   | 15d.          | \$                  | 0.00                    |
| _              |   | lude taxes deducted from your pay or included in lines 4 or 20.   | 40            | •                   |                         |
|                | cify:                                   |   | 16.           | \$                  | 0.00                    |
|                |   | ase payments:   | 47.           | •                   | 440.00                  |
|                |   | nts for Vehicle 1   | 17a.          | · -                 | 416.00                  |
|                |   | nts for Vehicle 2   | 17b.          |                     | 194.00                  |
|                | Other. Spec                             |   | 17c.          | ·                   | 0.00                    |
|                | . Other. Spe                            |   | 17d.          | \$                  | 0.00                    |
|                |   | of alimony, maintenance, and support that you did not report  |               | ¢.                  | 0.00                    |
|                |   | our pay on line 5, Schedule I, Your Income (Official Form 106   | SI). 18.      | ·                   |                         |
|                |   | you make to support others who do not live with you.  |               | \$                  | 0.00                    |
|                | cify:                                   |   | 19.           |                     |                         |
|                |   | rty expenses not included in lines 4 or 5 of this form or on S  |               |                     |                         |
|                |   | on other property   | 20a.          | ·                   | 0.00                    |
| 20b            | . Real estate                           | taxes   | 20b.          | \$                  | 0.00                    |
| 20c            | Property, h                             | omeowner's, or renter's insurance   | 20c.          | \$                  | 0.00                    |
| 20d            | . Maintenand                            | ce, repair, and upkeep expenses   | 20d.          | \$                  | 0.00                    |
| 20e            | . Homeowne                              | r's association or condominium dues   | 20e.          | \$                  | 0.00                    |
| . Oth          | er: Specify:                            |   | 21.           | +\$                 | 0.00                    |
|                |   |   |               |                     |                         |
|                | •                                       | nonthly expenses  |               |                     |                         |
|                | . Add lines 4 t                         | •   |               | \$                  | 1,975.00                |
| 22b            | . Copy line 22                          | (monthly expenses for Debtor 2), if any, from Official Form 106J-   | -2            | \$                  |                         |
| 22c            | Add line 22a                            | and 22b. The result is your monthly expenses.   |               | \$                  | 1,975.00                |
|                |   |   |               |                     | ,                       |
|                | •                                       | nonthly net income.   |               | •                   |                         |
|                |   | 2 (your combined monthly income) from Schedule I.   | 23a.          |                     | 1,997.84                |
| 23b            | . Copy your i                           | monthly expenses from line 22c above.   | 23b.          | -\$                 | 1,975.00                |
|                |   |   |               |                     |                         |
| 23c            |   | ur monthly expenses from your monthly income.   | 00 -          | · ·                 | 22.84                   |
|                | The result i                            | s your monthly net income.  | 23c.          | \$                  | 22.04                   |
|                |   |   |               |                     |                         |
|                |   | n increase or decrease in your expenses within the year after a spect to finish paying for your car loan within the year or do you expect |               |                     | or decrease bossums     |
|                |   | i expect to finish paying for your car loan within the year or do you expect the series of your mortgage?                                 | your mortgage | payment to increase | e or decrease because o |
|                |   | Simo of your mortgage:  |               |                     |                         |
| <b>I</b>       | _                                       |   |               |                     |                         |
|                | 'es.                                    | Explain here:   |               |                     |                         |

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| Fill in this infor              | mation to identify your                           | case:                    |                             |                          |                                   |
|---------------------------------|---|--------------------------|-----------------------------|--------------------------|-----------------------------------|
| Debtor 1                        | Cari A. Bangiorno                                 | )                        |                             |                          |                                   |
|                                 | First Name  | Middle Name              | Last Name                   |                          |                                   |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name              | Last Name                   |                          |                                   |
| , ,                             |   | NODTHERN BIOTRIO         | T 05                        |                          |                                   |
| United States Ba                | ankruptcy Court for the:                          | NORTHERN DISTRIC         | I OF ILLINOIS               |                          |                                   |
| Case number                     |   |                          |                             |                          |                                   |
| (if known)                      |   |                          |                             |                          | ☐ Check if this is an             |
|                                 |   |                          |                             |                          | amended filing                    |
|                                 |   |                          |                             |                          |                                   |
| Official For                    | m 106Doc  |                          |                             |                          |                                   |
|                                 |   |                          |                             |                          |                                   |
| Declara                         | tion About a                                      | in Individua             | l Debtor's Sc               | chedules                 | 12/15                             |
| years, or both. 1               | Í8 U.S.C. §§ 152, 1341, 1<br><sub>I</sub> n Below |                          | . ,                         | , , ,                    | or imprisonment for up to 20      |
| Did you pa                      | av or agree to pay some                           | one who is NOT an atto   | rney to help you fill out b | pankruptcy forms?        |                                   |
| , ,                             | .,g p,  |                          | <b>,, ,</b>                 |                          |                                   |
| ■ No                            |   |                          |                             |                          |                                   |
| ☐ Yes.                          | Name of person                                    |                          |                             | Attach Bankru            | uptcy Petition Preparer's Notice, |
| _                               | ·   |                          |                             | Declaration, a           | and Signature (Official Form 119) |
|                                 |   |                          |                             |                          |                                   |
|                                 | alty of perjury, I declare re true and correct.   | that I have read the sun | nmary and schedules file    | ed with this declaration | and                               |
| Y Isl Co.                       | ri A Bangiorno                                    |                          | X                           |                          |                                   |
|                                 | ri A. Bangiorno<br>Bangiorno                      |                          | ^<br>Signature of           | Debtor 2                 |                                   |
|                                 | ure of Debtor 1                                   |                          | 5.g. aturo 01               |                          |                                   |
| Dete                            | A . 'I 44 0047                                    |                          | Data                        |                          |                                   |
| Date _                          | April 11, 2017                                    |                          | Date                        |                          |                                   |

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| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married Not married No married No married No married No married Separate Special of the places you lived anywhere other than where you live now?  Debtor 1 Prior Address: Dates Debtor 1 pebtor 2 Prior Address: Dates Debtor 2 lived there 104 N. Benton St. Apt. 311 From-To: Same as Debtor 1 Woodstock, IL 60098  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income   |                 |                                 |   |                                   |                                |                        |                    |
|--|-----------------|---------------------------------|---|-----------------------------------|--------------------------------|------------------------|--------------------|
| Debtor 2   First Name   Midde Name   Last  | Fill i          | n this informa                  | ation to identify you                     | r case:                           |                                |                        |                    |
| Debtor 2   Case number   Case  | Debt            | or 1                            |   |                                   |                                |                        |                    |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (transmitter)  Case number (transmitter)  Case number (transmitter)  Case number (transmitter)  Check if this is an amended filling  Official Form 107  Statement of Financial Affairs for Individuals Filling for Bankruptcy  4/16  Be as complete and accurate as possible. If two married sepple are filling together, both are equally responsible for supplying correct number (if known). Answer every question.  Check if this is an amended filling  Official Form 107  Statement of Financial Affairs for Individuals Filling for Bankruptcy  4/16  Be as complete and accurate as possible. If two married sepple are filling together, both are equally responsible for supplying correct number (if known). Answer every question.  If who is your current marrial status and Where You Lived Before  Over the state of the places you lived anywhere other than where you live now?  In what is your current marrial status?  Debtor 1 Prior Address:  Dates Debtor 1  Debtor 2 Prior Address:  Dates Debtor 1  Ilved there  Dates Debtor 1  Ilved there  Dates Debtor 1  Ilved there  Ilved there  John 104 N. Benton St. Apt. 311  Woodstock, IL 60098  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louislana, Nevada, New Mexico, Puerio Rico, Texas, Washington and Wisconsin.)  No  Ves. Make sure you fill out Schedule H. Your Codebtors (Official Form 106H).  Pen 2  Explain the Sources of Your Income  Ves. Explain the boarces and you have income that you receive together, list it only once under Debtor 1.  No  Ves. Fill in the details.  Debtor 1  Sources of income (Debtor deductions and exclusions)  Poly of the debt of the plankruptcy:  Debtor 2  Gross income (Debtor deductions and exclusions)  Poly of the debt of the plankruptcy:  Debtor 1  Wages, commissions, bonuses, fips   | Dobt            | or 2                            | First Name                                | Middle Name                       | Last Name                      |                        |                    |
| Case number   Check if this is an amended filling   Check if this is an amended filling    Official Form 107  Statement of Financial Affairs for Individuals Filling for Bankruptcy   4/1:  Be as complete and accurret as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), nawer every question.  Part II: Give Details About Your Marital Status and Where You Lived Before    What is your current marital status?  |                 |                                 | First Name                                | Middle Name                       | Last Name                      |                        |                    |
| Case number   Check if this is an amended filling   Check if this is an amended filling    Official Form 107  Statement of Financial Affairs for Individuals Filling for Bankruptcy   4/1:  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part II: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?    Married   Not married   | Unite           | ed States Banl                  | kruptcy Court for the:                    | NORTHERN DISTRICT (               | OF ILLINOIS                    |                        |                    |
| Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  4/10  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct form formation. If more space is needed, attach a separate sheet to this form, on the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married  Not married  Not married  Not married  Not married  Details About Your Before other than where you live now?  Details About Your Before other than where you live now?  Details Afour Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Details Trior Address:  Dates Debtor 1 Prior Address:  Dates Debtor 2 Prior Address:  Dates Debtor 1 Prior Address:  Dates Debtor 1 Prior Address:  Dates Debtor 2 Prior Address:  Dates Debtor 1 Prior Address:  Dates Debtor 2 Prior Address:  Dates Debtor 1 Prior Address:  Dates Debtor 2 Prior Address:  Dates Debtor 2 Prior Address:  Dates Debtor 3 Prior Address:  Dates Debtor 4 Prior Address:  Dates Debtor 4 Prior Address:  Dates Debtor 5 Prior Address:  Dates Debtor 6 Prior Address:  Dates Debtor 7 Prior Address:  Dates Debtor 9 Prior Address:  Dates Debtor 1 Prior Address:  Dates Debtor 1 Prior Address:  Dates Debtor 1 Prior Address: |                 |                                 | ., .,                                     | -                                 |                                |                        |                    |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   Give Details About Your Marital Status and Where You Lived Before   |                 |                                 |   |                                   |                                |                        |                    |
| information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   Give Details About Your Marital Status and Where You Lived Before  |                 |                                 |   | Affairs for Individ               | duals Filing for B             | ankruptcy              | 4/10               |
| Married  | inforr<br>numb  | mation. If mo<br>per (if known) | re space is needed,<br>. Answer every que | attach a separate sheet to stion. | this form. On the top of an    |                        |                    |
| Married  | 1. \            | What is your                    | current marital statu                     | ıs?                               |                                |                        |                    |
| Not married  During the last 3 years, have you lived anywhere other than where you live now?  No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address: Dates Debtor 1 lived there 104 N. Benton St. Apt. 311 Woodstock, IL 60098  Dates Debtor 1 lived there 104 N. Benton St. Apt. 311 Woodstock, IL 60098  Dates Debtor 1 lived there 104 N. Benton St. Apt. 311 Woodstock, IL 60098  Roman St. Apt. 311 Woodstock, IL 60098  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  Debtor 1 Sources of income Check all that apply. Debtor 1 Sources of income Check all that apply. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 1 Sources, commissions, bonuses, tips  Wages, commissions, bonuses, tips   |                 | _                               |   |                                   |                                |                        |                    |
| 2. During the last 3 years, have you lived anywhere other than where you live now?    No   Yes. List all of the places you lived in the last 3 years. Do not include where you live now.    Debtor 1 Prior Address:   Dates Debtor 1   lived there   Debtor 2 Prior Address:   Dates Debtor 2   lived there   104 N. Benton St. Apt. 311   From-To:   Same as Debtor 1   Same as Debtor 2   Same as Debtor 2   Same as Debtor 1   Same as Debtor 1   Same as Debtor 1   Same as Debtor 2   Same as Debtor 1   Same as Debtor 1   Same as Debtor 1   Same as Debtor 2   Same as Debtor 1   Same as Debtor 2   Same as Debtor 2   Same as Debtor 1   Same as Debtor 2   Same as Debtor 3   Same as Debtor 4   Same as Debto |                 |                                 | od  |                                   |                                |                        |                    |
| No   |                 |                                 |   |                                   |                                |                        |                    |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address:  Dates Debtor 1  lived there  104 N. Benton St. Apt. 311  Woodstock, IL 60098  Debtor 2 Prior Address:  Dates Debtor 2  lived there  104 N. Benton St. Apt. 311  From-To:  2011-2015  Same as Debtor 1  From-To:  Same as Debtor 1  From-To:  Power of the first of the state of territory (Community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2  Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  Yes. Fill in the details.  Debtor 1  Sources of income Check all that apply.  Check all that apply.  Sources of income Check all that apply.   | 2. I            | During the las                  | st 3 years, have you                      | lived anywhere other than         | where you live now?            |                        |                    |
| Debtor 1 Prior Address:    Dates Debtor 1   Ilved there    | I               | □ No                            |   |                                   |                                |                        |                    |
| lived there   104 N. Benton St. Apt. 311   From-To:  | ١               | Yes. List                       | all of the places you l                   | ived in the last 3 years. Do no   | ot include where you live nov  | v.                     |                    |
| Woodstock, IL 60098  2011-2015    Community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)    No  |                 | Debtor 1 Price                  | or Address:                               |                                   | Debtor 2 Prior Ac              | Idress:                |                    |
| No Ves. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.  No Ves. Fill in the details.  Debtor 1 Sources of income Check all that apply.  From January 1 of current year until the date you filled for bankruptcy:  Wages, commissions, bonuses, tips   |                 |                                 | •   |                                   | ☐ Same as Debtor               | 1                      |                    |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  No  Pebtor 1  Sources of income Check all that apply.  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  Pebtor 2  Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  \$4,537.00  Wages, commissions, bonuses, tips  | states<br> <br> | ■ No<br>□ Yes. Mak              | s include Arizona, Ca                     | lifornia, Idaho, Louisiana, Ne    | vada, New Mexico, Puerto R     |                        |                    |
| Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  Debtor 2 Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  Wages, commissions, bonuses, tips  | F               | Fill in the total               | amount of income yo                       | u received from all jobs and a    | all businesses, including part | -time activities.      | ndar years?        |
| Debtor 1  Sources of income Check all that apply.  From January 1 of current year until the date you filed for bankruptcy:  Debtor 2  Gross income (before deductions and exclusions)  Gross income (before deductions and exclusions)  Wages, commissions, bonuses, tips  \$4,537.00  Wages, commissions, bonuses, tips   | I               | □ No                            |   |                                   |                                |                        |                    |
| Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  Wages, commissions, bonuses, tips  | I               | Yes. Fill i                     | n the details.                            |                                   |                                |                        |                    |
| Check all that apply. (before deductions and exclusions)  Check all that apply. (before deductions and exclusions)  Check all that apply. (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  Square 1 of current year until the date you filed for bankruptcy:  Check all that apply. (before deductions and exclusions)  |                 |                                 |   | Debtor 1                          |                                | Debtor 2               |                    |
| the date you filed for bankruptcy:  bonuses, tips  Do attached   |                 |                                 |   |                                   | (before deductions and         |                        | (before deductions |
| ☐ Operating a business ☐ Operating a business  |                 |                                 |   |                                   | \$4,537.00                     | _                      |                    |
|  |                 |                                 |   | ☐ Operating a business            |                                | ☐ Operating a business |                    |

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|    |  |  |  | 5.1.  |   | 5.17  |                          |   |  |  |
|----|--|--|--|---|---|---|--------------------------|---|--|--|
|    |  |  |  | Debtor 1  |   | Debtor 2  |                          |   |  |  |
|    |  |  |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)   | Sources of inco   |                          | Gross income<br>(before deductions<br>and exclusions) |  |  |
|    | or last calend<br>anuary 1 to D  |  | 31, 2016 )   | ■ Wages, commissions, bonuses, tips   | \$37,304.00   | ☐ Wages, comr<br>bonuses, tips                                      | nissions,                |   |  |  |
|    |  |  |  | ☐ Operating a business  |   | ☐ Operating a b   | ousiness                 |   |  |  |
|    | or the calenda<br>anuary 1 to D  |  |  | ■ Wages, commissions, bonuses, tips   | \$36,779.00   | ☐ Wages, comr<br>bonuses, tips                                      | nissions,                |   |  |  |
|    |  |  |  | ☐ Operating a business  |   | ☐ Operating a b   | ousiness                 |   |  |  |
|    | Include inco<br>and other pr<br>winnings. If<br>List each so   | me regard<br>ublic benef<br>you are fili | less of wheth<br>it payments;<br>ng a joint cas<br>he gross inco | e during this year or the two<br>ler that income is taxable. Exa<br>pensions; rental income; inter-<br>le and you have income that y<br>ome from each source separat  | imples of other income are a<br>est; dividends; money collec-<br>ou received together, list it of | alimony; child suppo<br>cted from lawsuits; r<br>only once under De | oyalties; and<br>btor 1. |   |  |  |
|    | □ res.r  | ii iii iiie de                           | italis.  | <b>D</b> 14 4   |   | D.14.0  |                          |   |  |  |
|    |  |  |  | Debtor 1 Sources of income Describe below.  | Gross income from each source (before deductions and exclusions)                                  | Debtor 2<br>Sources of inco<br>Describe below.                      |                          | Gross income<br>(before deductions<br>and exclusions) |  |  |
| Pa | art 3: List (  | ertain Pa                                | yments You   | Made Before You Filed for I   | Bankruptcy  |   |                          |   |  |  |
| 6. | Are either I   | Debtor 1's<br>Neither De                 | or Debtor 2<br>ebtor 1 nor D                                     | s debts primarily consumer<br>lebtor 2 has primarily consu<br>personal, family, or househol   | debts?<br>mer debts. Consumer debt  | 's are defined in 11  | U.S.C. § 10 <sup>7</sup> | 1(8) as "incurred by ar                               |  |  |
|    | I  | During the No.                           | 90 days befo   | re you filed for bankruptcy, di   | d you pay any creditor a tota   | al of \$6,425* or mor   | e?                       |   |  |  |
|    |  | □ Yes                                    | paid that cr   | ow each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you at creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do ude payments to an attorney for this bankruptcy case. |   |   |                          |   |  |  |
|    |  | * Subject                                |  | on 4/01/19 and every 3 years  |   | or after the date of  | adjustment.              |   |  |  |
|    | Yes. <b>Debtor 1 or Debtor 2 or both have primarily consumer debts.</b> During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |  |  |   |   |   |                          |   |  |  |
|    |  | ■ No.                                    | Go to line 7   |   |   |   |                          |   |  |  |
|    |  | ☐ Yes                                    | include pay  | each creditor to whom you paid<br>ments for domestic support of<br>this bankruptcy case.  |   |   |                          |   |  |  |
|    | Creditor's   | Name and                                 | d Address  | Dates of payme  | nt Total amount   | Amount you still owe  | Was this p               | payment for   |  |  |

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| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |   |                      |                                 |                       |  |  |
|-----|--|--|---|----------------------|---------------------------------|-----------------------|--|--|
|     | ☐ Yes. List all payments to an insider.  |  |   |                      |                                 |                       |  |  |
|     | Insider's Name and Address   | Dates of payment                             | Total amount paid   | Amount you still owe | Reason for t                    | his payment           |  |  |
| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  |  |   |                      |                                 |                       |  |  |
|     | No   |  |   |                      |                                 |                       |  |  |
|     | Yes. List all payments to an insider   | 5  |   | •                    |                                 |                       |  |  |
|     | Insider's Name and Address   | Dates of payment                             | Total amount paid   | Amount you still owe | Reason for t<br>Include credit  |                       |  |  |
| Pai | rt 4: Identify Legal Actions, Repossession   | s, and Foreclosures                          |   |                      |                                 |                       |  |  |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  |  |   |                      |                                 |                       |  |  |
|     | Case title Case number   | Nature of the case                           | Court or agency   |                      | Status of the case              |                       |  |  |
|     | Midland Funding as successor in interest to Synchrony Bank vs Cari Bangiorno 16SC2451  | Small claims                                 | Twenty-Second<br>Circuit - McHer<br>2200 N; Semina<br>Woodstock, IL | nry<br>ary           | ■ Pending □ On appea □ Conclude |                       |  |  |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.   |  |   |                      |                                 |                       |  |  |
|     | No. Go to line 11.   |  |   |                      |                                 |                       |  |  |
|     | Yes. Fill in the information below.  | December the Documents                       |   | Dete                 |                                 | Value of the          |  |  |
|     | Creditor Name and Address  | Describe the Property  Explain what happened | •   | Date                 |                                 | Value of the property |  |  |
| 11. | 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from you accounts or refuse to make a payment because you owed a debt?  No Yes, Fill in the details.  |  |   |                      |                                 | nounts from your      |  |  |
|     | Creditor Name and Address  | Describe the action the                      | creditor took   | Date<br>taker        | action was                      | Amount                |  |  |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or all No ☐ Yes  |  | erty in the possess   |                      |                                 | it of creditors, a    |  |  |

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|      | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.   |  |                                   |                           |  |  |  |  |  |
|------|--|--|-----------------------------------|---------------------------|--|--|--|--|--|
|      | Gifts with a total value of more than \$600 per person   | Describe the gifts   | Dates you gave the gifts          | Value                     |  |  |  |  |  |
|      | Person to Whom You Gave the Gift and Address:  |  |                                   |                           |  |  |  |  |  |
|      | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or co  | ptcy, did you give any gifts or contributions with a tota  | al value of more than             | \$600 to any charity?     |  |  |  |  |  |
|      | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  |  | Dates you contributed             | Value                     |  |  |  |  |  |
| Part |  |  |                                   |                           |  |  |  |  |  |
| ,    | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No Yes. Fill in the details.  |  |                                   |                           |  |  |  |  |  |
|      | how the loss occurred  | Describe any insurance coverage for the loss noting the amount that insurance has paid. List pending nsurance claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property<br>lost |  |  |  |  |  |
| Part | 7: List Certain Payments or Transfers  |  |                                   |                           |  |  |  |  |  |
| 16.  | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |  |                                   |                           |  |  |  |  |  |
|      | □ No   |  |                                   |                           |  |  |  |  |  |
|      | Yes. Fill in the details.  |  |                                   |                           |  |  |  |  |  |
|      | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo   | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment         |  |  |  |  |  |
|      | Michael T. Barrett, Sr.<br>530 Rockland Road<br>Crystal Lake, IL 60014   | Attorney Fees: \$949.00<br>Court Filing Fees: \$335.00<br>Credit Report: \$33.00   | March 10,<br>2017                 | \$1,317.00                |  |  |  |  |  |
| -    | CC Advising  | Pre-bankruptcy credit counseling course  | March 8, 2017                     | \$9.96                    |  |  |  |  |  |
|      | promised to help you deal with your credi Do not include any payment or transfer that y  | tcy, did you or anyone else acting on your behalf pay otors or to make payments to your creditors? You listed on line 16.                                  | or transfer any prope             | rty to anyone who         |  |  |  |  |  |
|      | Yes. Fill in the details.  Person Who Was Paid   | Description and value of any property  | Date payment                      | Amount of                 |  |  |  |  |  |
|      | Address  | transferred  | or transfer was<br>made           | payment                   |  |  |  |  |  |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 4

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Debtor 1 Cari A. Bangiorno

|     | include gifts and transfers that you have alread  No  Yes. Fill in the details.   | dy listed on this statemen   | nt.                       |  |   |  |  |
|-----|---|--|---------------------------|--|---|--|--|
|     | Person Who Received Transfer Address  | Description and property transfer                                    |                           | Describe any property or<br>payments received or debts<br>paid in exchange | Date transfer was made                        |  |  |
|     | Person's relationship to you  |  |                           |  |   |  |  |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pre No ☐ Yes. Fill in the details.  |  | ny property to a se       | elf-settled trust or similar device o                                      | of which you are a                            |  |  |
|     | Name of trust   | Description and  | value of the prope        | erty transferred   | Date Transfer was                             |  |  |
|     |   |  |                           | ,  | made  |  |  |
| Par | List of Certain Financial Accounts, In  | struments, Safe Depos  | it Boxes, and Stor        | age Units  |   |  |  |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred?   |  |                           |  |   |  |  |
|     | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brohouses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details. |  |                           |  |   |  |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                                      | Type of accoun instrument | t or Date account was closed, sold, moved, or transferred                  | Last balance<br>before closing or<br>transfer |  |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |  |                           |  |   |  |  |
|     | ■ No  |  |                           |  |   |  |  |
|     | Yes. Fill in the details.   |  |                           |  |   |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had ac<br>Address (Number, State and ZIP Code)              |                           | escribe the contents   | Do you still have it?                         |  |  |
| 22. | Have you stored property in a storage unit  | or place other than you  | r home within 1 ye        | ear before you filed for bankruptc   | y?  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                           |  |   |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                           | escribe the contents   | Do you still have it?                         |  |  |
| Par | 19: Identify Property You Hold or Control   | for Someone Else   |                           |  |   |  |  |
| 23. | Do you hold or control any property that so for someone.  | meone else owns? Inc   | lude any property         | you borrowed from, are storing fo  | or, or hold in trust                          |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                           |  |   |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City,<br>Code)                  |                           | escribe the property   | Value   |  |  |
|     |   |  |                           |  |   |  |  |

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Debtor 1 Cari A. Bangiorno

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Nο Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27

| 7. V   | Nithin 4 years before you filed for bankrup   | otcy, did you own a business or have any o                                    | f the following connections to any business?                                  |  |  |  |  |
|--|---|---|---|--|--|--|--|
|  | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |   |   |  |  |  |  |
|  | ☐ A member of a limited liability com   | pany (LLC) or limited liability partnership (                                 | LLP)  |  |  |  |  |
| ☐ A partner in a partnership   |   |   |   |  |  |  |  |
|  | ☐ An officer, director, or managing e   | ☐ An officer, director, or managing executive of a corporation                |   |  |  |  |  |
|  | ☐ An owner of at least 5% of the voti   | ☐ An owner of at least 5% of the voting or equity securities of a corporation |   |  |  |  |  |
| I  | No. None of the above applies. Go to  | No. None of the above applies. Go to Part 12.                                 |   |  |  |  |  |
| Yes. Check all that apply above and fill in the details below for each business. |   |   |   |  |  |  |  |
|  | Business Name Address (Number, Street, City, State and ZIP Code)  | Describe the nature of the business   | Employer Identification number Do not include Social Security number or ITIN. |  |  |  |  |

Dates business existed

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☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80850 Doc 1 Filed 04/11/17 Entered 04/11/17 13:29:50 Desc Main Document Page 47 of 52

B2030 (Form 2030) (12/15)

#### **United States Bankruptcy Court** Northern District of Illinois

| In re   | Cari A. Bangiorno  |   | Case No.  |                            |              |
|---------|--|---|---|----------------------------|--------------|
|         |  | Debtor(s)   | Chapter   | 7                          |              |
|         | DISCLOSURE OF COMPEN   | SATION OF ATTOR   | RNEY FOR D  | EBTOR(S)                   |              |
| C       | ursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(tompensation paid to me within one year before the filing te rendered on behalf of the debtor(s) in contemplation of  | g of the petition in bankruptcy,  | or agreed to be paid                                      | I to me, for services rend | ered or to   |
|         | For legal services, I have agreed to accept  |   | \$  | 949.00                     |              |
|         | Prior to the filing of this statement I have received  |   | \$  | 949.00                     |              |
|         | Balance Due  |   | \$  | 0.00                       |              |
| 2. T    | he source of the compensation paid to me was:  |   |   |                            |              |
|         | ■ Debtor □ Other (specify):  |   |   |                            |              |
| 3. T    | he source of compensation to be paid to me is:   |   |   |                            |              |
|         | ■ Debtor □ Other (specify):  |   |   |                            |              |
| 4. ■    | I have not agreed to share the above-disclosed compe   | ensation with any other person to   | unless they are men                                       | nbers and associates of m  | ny law firm. |
|         | I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name  |   |   |                            | firm. A      |
| 5. I    | n return for the above-disclosed fee, I have agreed to ren   | nder legal service for all aspects  | s of the bankruptcy                                       | case, including:           |              |
| b<br>c. | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, states Representation of the debtor at the meeting of creditor [Other provisions as needed]  Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hour | ment of affairs and plan which<br>rs and confirmation hearing, an<br>educe to market value; exe<br>as needed; preparation | may be required;<br>d any adjourned he<br>mption planning | arings thereof;            | ng of        |
| 6. B    | y agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any disc<br>any other adversary proceeding.  |   |   | es, relief from stay a     | ctions or    |
|         |  | CERTIFICATION   |   |                            |              |
|         | certify that the foregoing is a complete statement of any nkruptcy proceeding.   | agreement or arrangement for  | payment to me for   | representation of the deb  | tor(s) in    |
| Αp      | ril 11, 2017   | /s/ Michael T. Bar  | rett, Sr.   |                            |              |
| Da      | te   | Michael T. Barrett<br>Signature of Attorne  |   |                            |              |
|         |  | James D. Huls & A   |   |                            |              |
|         |  | 530 Rockland Roa  |   |                            |              |
|         |  | Crystal Lake, IL 6<br>815-455-4755 Fax  |   |                            |              |
|         |  | michael@jdhuls.c  |   |                            |              |
|         |  | Name of law firm  |   |                            |              |

#### **United States Bankruptcy Court** Northern District of Illinois

| In re | Cari A. Bangiorno                          |   | Case No.                      |               |
|-------|--|---|-------------------------------|---------------|
|       |  | Debtor(s)   | Chapter <b>7</b>              |               |
|       | VE   | RIFICATION OF CREDITOR M                                    | IATRIX                        |               |
|       |  | Number of   | Creditors:                    | 34            |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit                     | tors is true and correct to t | he best of my |
| Date: | April 11, 2017                             | /s/ Cari A. Bangiorno Cari A. Bangiorno Signature of Debtor |                               |               |

Advocate Health & Hospitals C/O Harris & Harris Ltd. 111 West Jackson Blvd. Sute 400 Chicago, IL 60604-4135

Advocate Medical Group C/O United Recovery Services, LLC 18525 Torrence Ave Suite C-6 Lansing, IL 60438

Affiliated Ear Nose & Throat 2441 Lake Shore Drive Woodstock, IL 60098

Affiliated ENT Physicians 2441 Lake Shore Drive Woodstock, IL 60098

Amr Eagle Bk 556 Randall Road South Elgin, IL 60177

Blatt, Hasenmille, Leibsker & Moore 10 S. LaSale St. Suite 2200 Chicago, IL 60603

Capital One Bank (USA) N.A. C/O Portfolio Recovery Associates 120 Corporate Blvd Norfolk, VA 23541

Centegra Health System P.O. Box 864 Mahwah, NJ 07430

Centegra Health System P.O. Box 864 Mahwah, NJ 07430

Centegra Primary Care Harris & Harris, Ltd. 111 West Jackson Blvd. Suite 400 Chicago, IL 60604 Chase Card Po Box 15298 Wilmington, DE 19850

Comcast P.O, Box 3002 Southeastern, PA 19398-3002

Convergent Outsoucing, Inc Po Box 9004 Renton, WA 98057

Direct TV P.O. Box 9001069 Louisville, KY 40290

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

FBCS Services P.O. Box 1116 Charlotte, NC 28201-1116

First National Bank Attn: FNN Legal Dept 1620 Dodge St Mailstop Code 3290 Omaha, NE 68191

First Step Foot Care SC 385 W. Liberty Street Wauconda, IL 60084

Hyundai Finance Customer Service P.O. Box 20829 Fountain Valley, CA 92728-0829

I.C.S. Inc.
P.O. Box 1010
Tinley Park, IL 60477-9110

IC Systems, Inc 444 Highway 96 East St Paul, MN 55127 Kevin Mortell/Toni Miller 1821 Walden Office Square Suite 400 Schaumburg, IL 60173

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

LTD 7322 Southwest Freeway Suite 1600 Houston, TX 77074

Midland Funding Attn: Bankruptcy Po Box 939069 San Diego, CA 92193

OAC Attn: Bankruptcy Po Box 500 Baraboo, WI 53913

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

The Affiliated Group I 3055 41st St Nw Ste 100 Rochester, MN 55901

Transworld Systems P.O. Box 17221 Wilmington, DE 19850

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Transworld Systems P.O. Box 17221 Wilmington, DE 19850

Victoria's Secret C/O Portfolio Recovery Associates P.O. Box 182125 Columbus, OH 43218-2125

Wellington Radiology C/O I.C.S. Inc. P.O. Box 1010 Tinley Park, IL 60477-9110